

In The Matter Of:

USA v.
SIDDIQUI

USDC SDNY
DOCUMENT
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Docket + file on consent

LESLIE POWER

June 26, 2009

SO ORDERED:

Date: 7/6/09

Richard M. Berman
Richard M. Berman, U.S.D.J.

FINK & CARNEY REPORTING AND VIDEO SERVICES

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**GOVERNMENT
EXHIBIT**

O

08 Cr. 826 (RMB)

(ID)

Page 1

Page 3

[1]
[2] UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
[3]
[4] UNITED STATES OF AMERICA,
[5] Plaintiff,
[6] Index No.
[7] -against- 08CR.826(RMB)
[8] AAFIA SIDDIQUI,
[9] Defendant.
[10]
[11] June 26, 2009
[12] 12:57 p.m.
[13] Deposition of LESLIE POWER, Ph.D., taken by
[14] Defendant, at Metropolitan Detention Center,
[15] 100 29th Street, Brooklyn, New York, before
[16] Linda A. Marino, Registered Professional
[17] Reporter, Certified Court Reporter, and Notary
[18] Public within and for the State of New York.
[19]
[20]
[21]
[22]
[23]
[24]
[25]

Page 2

[1]
[2] Appearances:
[3]
[4] U.S. ATTORNEY'S OFFICE
SOUTHERN DISTRICT OF NEW YORK
[5] Attorneys for Plaintiff
1 St. Andrew's Plaza
[6] New York, New York 10007
[7] BY: CHRISTOPHER LAVIGNE,
ASSISTANT U.S. ATTORNEY
[8]
[9]
[10]
DAWN M. CARDI & ASSOCIATES
[11] Attorneys for Defendant
2 Park Avenue - 19th Floor
[12] New York, New York 10016
[13] BY: DAWN M. CARDI, ESQ.
CHET EDGAR, ESQ.
[14]
[15]
[16] Also Present:
[17]
[18] JOSE SANTOS, Videographer
[19] CARLY WEINREB, Paralegal to Mr. Lavigne
[20]
[21]
[22]
[23]
[24]
[25]

L. POWERS

[1]
[2] THE VIDEOGRAPHER: We're now going
[3] on the record. The time is 12:57 p.m.
[4] on June 26, 2009. This is the videotape
[5] deposition of Leslie Powers, M.D., in
[6] the matter of United States of America
[7] versus Aafia Siddiqui, under the
[8] jurisdiction of the United States
[9] District Court, Southern District of New
[10] York.
[11] This deposition is being held at
[12] 100 29th Street, Brooklyn, New York. My
[13] name is Jose Santos and I'm the video
[14] specialist, the court reporter is Linda
[15] Marino, and we both represent Fink &
[16] Carney Reporting.
[17] May I have an introduction from
[18] counsel?
[19] MR. LAVIGNE: Christopher
[20] Lavigne, Assistant United States
[21] Attorney, Southern District of New
[22] York.
[23] With me at the table is Carly
[24] Weinreb, a paralegal in my office.
[25] MS. CARDI: Dawn Cardi, from 2

Page 4

L. POWERS

[1]
[2] Park Avenue, New York, New York,
[3] attorney for the Defendant, Aafia
[4] Siddiqui.
[5] MR. EDGAR: Chet Edgar, associate
[6] of Dawn Cardi, of Dawn Cardi &
[7] Associates, 2 Park Avenue, New York, New
[8] York, for the Defendant, Aafia Siddiqui.
[9] THE VIDEOGRAPHER: Will the
[10] reporter please swear in the witness?
[11] (Witness sworn)
[12] MS. CARDI: I think the record
[13] should reflect — go ahead.
[14] MR. LAVIGNE: Yeah.
[15] Just for the record — and
[16] counsel can interject or add anything —
[17] the parties are here pursuant to the
[18] Court's June 24, 2009 Order, and both
[19] agreed to take the deposition of Leslie
[20] Powers in lieu of her appearance on July
[21] 6, 2009. The individuals present have
[22] stated their names.
[23] We were informed that the
[24] Defendant, Ms. Siddiqui, refused to
[25] attend this deposition. And pursuant to

Page 5

L. POWERS

(1) the Court's Order and the parties'
(2) agreement, we are proceeding in her
(3) absence.
(4) The parties have also agreed that
(5) for purposes of this deposition, we will
(6) rely upon any exhibits that were
(7) submitted to the Court on Monday. And
(8) throughout the deposition, we'll refer
(9) to those documents by Bates number
(10) and/or exhibit number.
(11) **MS. CARDI:** Yes, counsel consents
(12) to that and is prepared to move forward
(13) without the presence of Dr. Siddiqui.
(14) As we understand it, she does not
(15) want to appear; and, therefore, we are
(16) going to proceed in her absence.
(17) The record should reflect that we
(18) don't know whether or not she is
(19) competent to make that decision at this
(20) time, but we are going to go forward in
(21) light of the fact that we believe that
(22) — it's our position that she is
(23) incompetent, and, therefore, that we are
(24) — we can proceed in her absence.

Page 6

L. POWERS

(1) We also did not want to have a
(2) force order signed because — I'm sorry,
(3) we did not want to have a force order
(4) signed because of the psychological
(5) condition, as represented to us, of Dr.
(6) Siddiqui. We did not want to have any
(7) additional trauma experienced on her
(8) behalf.
(9) Okay.
(10) **MR. LAVIGNE:** Ready?
(11) **MS. CARDI:** Yeah.
(12) **LESLIE POWERS,** having been
(13) first duly sworn by a Notary Public of
(14) the State of New York (Linda A. Marino),
(15) was examined and testified as follows:
(16) **EXAMINATION**
(17) **BY MS. CARDI:**
(18) **Q:** Good afternoon, Dr. Powers.
(19) **A:** Good afternoon.
(20) **Q:** My name is Dawn Cardi, and I
(21) represent Aafia Siddiqui. And this is my
(22) associate, Chet Edgar.
(23) If there's any question, you

Page 7

L. POWERS

(1) don't understand please let us know, and we'll
(2) repeat the question. If you need an
(3) opportunity to have a break, please let us
(4) know, and we're happy to have a break.
(5) So, Dr. Powers, tell me, before
(6) you testify today, what did you do to prepare
(7) for your testimony?
(8) **A:** I reviewed the documents that I
(9) had access to and I've looked over the reports
(10) that have been submitted in the case.
(11) **Q:** And can I assume that you looked
(12) over the documents that the Government
(13) provided to us in a letter — I don't know
(14) what the date of that letter is, excuse me.
(15) Here, I'm going to show you this
(16) letter marked June 23, 2009. I'd just like
(17) you to look at this letter and tell me if
(18) those are the documents that you have reviewed
(19) prior to your testimony.
(20) **A:** I'm not sure about the Bates
(21) labels. It's hard to know exactly what the
(22) numbers are, if I've seen these exact
(23) numbers. I have reviewed several documents
(24) with those labels.
(25)

Page 8

L. POWERS

(1) I believe that these are the ones
(2) that I have reviewed, yes.
(3) **Q:** Do you know if you've reviewed
(4) anything in addition to what's set forth in
(5) the letter from the Government dated June 23
(6) of 2009?
(7) **A:** Again, not knowing what the —
(8) what documents are in the Bates labels, I
(9) reviewed the other reports that were submitted
(10) in the case, so those of Dr. Satoff, Dr.
(11) Johnson, and Dr. Kicharski.
(12) Yes, Johnson and Satoff are in
(13) here. And the use of force video from the
(14) MDC, I'm not sure if that's contained in some
(15) of the labeled...
(16) **Q:** Did you review that?
(17) **A:** Yes, I did.
(18) **Q:** Okay.
(19) **A:** And the Government includes notes
(20) of two conversations with Dr. Powers. I'm not
(21) sure what that is.
(22) **THE WITNESS:** Is that notes that
(23) you had with me or notes that I
(24) submitted or...
(25)

Page 9

Page 11

[1] **L. POWERS**
[2] MR. LAVIGNE: I mean, we can — I
[3] think we can stipulate for the record
[4] those are notes — the Government's
[5] notes of conversation with Dr. Powers.
[6] A: I have not reviewed those.
[7] Q: Anything else there, Dr. Powers?
[8] A: I don't believe so.
[9] MS. CARDI: Just a question, the
[10] letter refers to the Bates numbers, that
[11] of the documents that Dr. Powers
[12] reviewed.
[13] Could we just have a stipulation
[14] that the Bates numbers that, in fact,
[15] the Government provided the
[16] documentation to Dr. Powers or that of
[17] these particular documents with these
[18] Bates numbers?
[19] MR. LAVIGNE: That's fine.
[20] I think we sent one e-mail last
[21] night just confirming it was 783 to 786,
[22] not 796, but that's fine.
[23] MS. CARDI: Okay.
[24] Q: Did you read Dr. Kicharski's
[25] article on malingering before your testimony?

Page 10

[1] **L. POWERS**
[2] A: I didn't read the article.
[3] I read his report.
[4] Q: Did you read the treatise on
[5] delusional disorders by Resnick before you
[6] testified today?
[7] A: No.
[8] Q: Did you have any conversations
[9] with Dr. Satoff in preparation for your
[10] testimony?
[11] A: I did not.
[12] Q: How about Dr. Johnson?
[13] A: No.
[14] Q: Did you have any conversations
[15] with anyone in the Bureau of Prisons prior to
[16] your testimony today in regard to your
[17] testimony?
[18] A: No, not with specific details,
[19] no.
[20] Q: Did you — how long did you speak
[21] with the Assistant United States Attorney in
[22] preparation for your testimony today?
[23] A: We met this morning for a couple
[24] hours.
[25] Q: And did you talk to him on the

[1] **L. POWERS**
[2] telephone prior to that?
[3] A: Yes; just briefly yesterday when
[4] I arrived, and earlier in the week just
[5] briefly to finalize the plans.
[6] Q: So, what is your — what is your
[7] sort of educational background?
[8] A: I have a bachelor's degree in
[9] behavioral and social science from the
[10] University of Maryland, and I have both a
[11] master's degree and a Ph.D. from the Graduate
[12] University in Santa Barbara, California in
[13] clinical psychology.
[14] I did both predoctoral training
[15] and postdoctoral training with the Federal
[16] Bureau of Prisons, with a concentration in
[17] forensics.
[18] Q: And when did you complete your
[19] education?
[20] A: In 2005.
[21] Q: And after your completion of your
[22] education, where have you been employed?
[23] A: With the Bureau of Prisons; first
[24] at the Federal Correctional Institution in
[25] Fort Worth, and then by the Federal Medical

Page 12

[1] **L. POWERS**
[2] Center at Carswell.
[3] Q: And what were your duties and
[4] responsibilities at the Federal Correctional
[5] facility in Fort Worth?
[6] A: I was a postdoctoral
[7] psychologist. I did both forensic evaluations
[8] and some clinical work.
[9] My forensic evaluations involved
[10] competency evaluations and not guilty by
[11] reason of insanity evaluations, and I think I
[12] did a couple of dangerousness assessments
[13] while I was there.
[14] Q: How long were you at FMC in —
[15] I'm sorry, in Fort Worth?
[16] A: Two years.
[17] Q: Since you've arrived at FMC
[18] Carswell, what are your duties and
[19] responsibilities?
[20] A: I'm one of two forensic
[21] psychologists there. Because it's an
[22] inpatient unit and the only one for females in
[23] the United States, we get many studies for
[24] competency restoration.
[25] We do also the same thing I did

Page 13

L. POWERS

[1] at Fort Worth, with competency, not guilty by
[2] reason of insanity. We also do
[3] dangerousness. We have a lot of commitments
[4] there since we have an inpatient unit. We do
[5] 43s, 46s, which are yearly evaluations for
[6] folks who have been committed because of
[7] mental illness.
[8] Q: And what is your title?
[9] A: Forensic psychologist.
[10] Q: And who are your supervisors?
[11] A: My supervisor is Dr. Robert
[12] Gregg.
[13] Q: And after you found Dr. Siddiqui
[14] incompetent originally, did anyone suggest to
[15] you that the diagnosis you had was wrong or
[16] incorrect?
[17] A: Yes.
[18] Q: Okay.
[19] Can you explain?
[20] A: Yes.
[21] I got a message from our central
[22] office saying that our forensic director of
[23] the Bureau had reviewed my report. He didn't
[24] make any — he didn't make any recommendations

Page 14

L. POWERS

[1] as to what I should have diagnosed her at —
[2] with, but had some things to say about my
[3] report.
[4] Q: And who is that person?
[5] A: I don't remember his name, but...
[6] Q: Is he someone who has authority
[7] over you in terms of your job, your
[8] responsibilities?
[9] A: Distantly, maybe.
[10] He's the — in the Bureau, the
[11] guy that handles all the forensic evaluations.
[12] MS. CARDI: Could we leave a
[13] space in this deposition to get the name
[14] of that person going forward?
[15] MR. LAVIGNE: Sure.
[16] A: _____
[17]
[18]
[19] I've never met him, so I've never
[20] even had a conversation with him. This came
[21] through e-mail.
[22] Q: How long after you issued your
[23] first report did this person contact you?
[24] A: It was just within maybe a month.

Page 15

L. POWERS

[1] Q: A month from when you did the
[2] report?
[3] A: Uh-huh.
[4] Q: And the first report was in May?
[5] A: No, the first report was in
[6] October.
[7] Q: October of 2008.
[8] Right?
[9] A: It was in November.
[10] Q: November.
[11] So, is it a month after the
[12] report was issued that you were contacted?
[13] A: I'm not sure of the exact date,
[14] but it was shortly after. It was before
[15] February, I know.
[16] Q: And what was the sum and
[17] substance of the questions that he raised in
[18] regard to your findings?
[19] A: He wanted to know — basically,
[20] he didn't make any documents directly, he just
[21] sort of went through the report.
[22] The one thing that stands out was
[23] that she — I had noted in my first report
[24] that she may or may not be intelligent enough

Page 16

L. POWERS

[1] at this point to be competent. I questioned
[2] her intelligence due to the fact that there
[3] were some speculation that she may have been a
[4] trauma survivor. And I did my research on
[5] trauma survivors; it does cause a lower — can
[6] cause intelligence — a lower intelligence.
[7] So, one of the things that he
[8] said in the report that I remember — he just
[9] made little comments through, like, a word
[10] processor, where you can make comments on the
[11] side. He said: This is preposterous. She
[12] has been to, you know, numerous higher
[13] education facilities, institutions.
[14] Q: Was that the only challenge to
[15] your first report?
[16] A: There wasn't really a generalized
[17] overall theme to it. I think he just went
[18] through — and this was very bizarre to me
[19] because he's never been involved in a case
[20] before, but had just went through it and kind
[21] of critiqued some of the things that I had —
[22] that I had written, but I don't remember a
[23] general theme that he had.
[24] Q: Other than this person

Page 17

L. POWERS

[1] questioning your — that initial report, did
[2] anybody else question you about your findings?
[3] A: No.
[4] Q: Did anybody challenge you about
[5] the findings?
[6] A: No.
[7] Q: Did you at any time feel any
[8] pressure being placed upon you because you
[9] found Dr. Siddiqui incompetent?
[10] A: No.
[11] In fact, once this happened with
[12] Central Office, it made me more determined to
[13] prove that, you know, my first report was
[14] exactly what I should have submitted and that
[15] there wasn't anything wrong with it. I was,
[16] to be honest, offended by it because I thought
[17] it inappropriate. So, it just made me more
[18] determined to prove my point.
[19] Q: And since that time, has anyone
[20] in either the Government or any forum of the
[21] BOP had any discussions with you about
[22] changing your report?
[23] A: No, no.
[24] Q: Okay.

Page 18

L. POWERS

[1] And that would, of course,
[2] include Dr. Gregg, who is your supervisor.
[3] Correct?
[4] A: Yes, absolutely.
[5] Q: And the warden at FMC Carswell?
[6] A: Uh-huh.
[7] Q: And the Government?
[8] A: No, nobody has ever, ever given
[9] any indication one way or the other.
[10] Dr. Gregg supervises my reports,
[11] and, as he does with everyone — I think it's
[12] Bureau policy that the Chief of Psychology
[13] supervise our report — so, I discussed the
[14] case with him as I was writing the report, but
[15] his style of supervision is very much — he
[16] puts a lot of trust in me and believes that
[17] I've done a thorough review and didn't —
[18] didn't question one way or the other, just
[19] kind of supported my diagnosis.
[20] Q: Would it be fair to say that the
[21] findings that you made in the first report,
[22] that you didn't change those findings until
[23] you read Dr. Satoff and Dr. Johnson's reports?
[24] A: That is absolutely inaccurate.

Page 19

L. POWERS

[1] I didn't submit the second report
[2] — I did not read anybody's report before I
[3] submitted the second report.
[4] Q: So, you didn't see Dr. Johnson's
[5] report, you didn't see Dr. Satoff's report,
[6] before you submitted the second report?
[7] A: No.
[8] Q: Had you heard — I'm assuming you
[9] heard, however, that —
[10] A: Yes.
[11] Q: I just want to finish.
[12] — that both Dr. Satoff and Dr.
[13] Johnson had found Dr. Siddiqui competent.
[14] A: It was reported in the media.
[15] Q: Okay.
[16] And did you know on what basis
[17] they had found her competent?
[18] A: No.
[19] I didn't know any of the details.
[20] Q: Did you know the diagnosis of
[21] malingerer?
[22] A: I believe that was also reported
[23] in the media.
[24] Q: And did you have any discussions

Page 20

L. POWERS

[1] with anyone at the Bureau of Prisons once you
[2] read in the media that Drs. Johnson and Satoff
[3] had found Dr. Siddiqui competent and
[4] malingerer?
[5] A: I'm sure that I had conversations
[6] about it, just factual, but nothing that would
[7] sway me one way or the other.
[8] Q: Would it be fair to say that —
[9] so, when was it time-wise, if you can put a
[10] time to it, that you determined that now Dr.
[11] Siddiqui was competent?
[12] A: I started questioning her
[13] competency when I — right before I left on
[14] medical leave, which would have been in
[15] February, and when I came back the end of
[16] March, really started questioning it, once I
[17] started getting the collateral evidence in.
[18] The first report, I had very
[19] little evidence, any kind of collateral.
[20] Since she wouldn't cooperate with me, that's
[21] really all I had to go on, was her
[22] interactions on the unit where she was living,
[23] her interaction with me, what — limited as it
[24] was, and the collateral, and I didn't have

Page 21

L. POWERS

[1] very much collateral.
[2] Once I started receiving
[3] collateral and started kind of comparing that
[4] to her current presentation is when I started
[5] kind of questioning.
[6] Q: At the time that you wrote your
[7] first report, how many competency findings had
[8] you done at Carswell?
[9] A: I'd say at Carswell — just
[10] Carswell, not Fort Worth?
[11] Q: Uh-huh.
[12] A: Probably seventy.
[13] Q: And about how many had you done
[14] at Fort Worth?
[15] A: Probably thirty.
[16] Those are just guesses. I'm not
[17] sure.
[18] Q: And how many competency hearings
[19] have you testified at?
[20] A: Probably ten.
[21] Q: As of today?
[22] A: Yeah, I think so.
[23] This is just a guess, but I think
[24] it's probably ten, twelve.

Page 22

L. POWERS

[1] Q: Okay.
[2] And how many people would you say
[3] you found incompetent?
[4] A: It's generally — with me,
[5] generally works to about five to ten percent
[6] are not competent.
[7] Q: And is that an average?
[8] A: Yeah.
[9] Q: And do the Bureau of Prisons have
[10] statistics about that percentage?
[11] A: I'm not sure.
[12] I have never read anything about
[13] it, to my knowledge.
[14] Q: And how many times have you
[15] changed your mind about the competency of an
[16] individual from saying that the person was
[17] incompetent to finding that they were then
[18] competent?
[19] A: Well, it's a difficult question
[20] because we do competency evaluations and then
[21] they send them for competency restoration and
[22] we're asked to do another report.
[23] Q: I'll refine my question.
[24] How many individuals have you

Page 23

L. POWERS

[1] found — have you changed your mind from
[2] finding that the person was incompetent to
[3] finding that they're competent without any
[4] intervention of drugs or other assistance?
[5] A: This was my first time.
[6] Q: And was there something about
[7] this case that was so unique that this was the
[8] first time you made such a change?
[9] A: Yes.
[10] Normally, when someone is sent
[11] for a 42, 41B, they're sent for thirty days,
[12] and, so, we have thirty days to do the
[13] evaluation, which was the case for the first
[14] report. But because she stayed longer than
[15] that, much longer than that — I can't recall
[16] a case where I've had that much additional
[17] time past the first report with which to
[18] observe them. So, that was the only time that
[19] I can recall that that situation has been that
[20] way.
[21] Q: Did you — what was the reason
[22] why you found her now to be competent?
[23] A: That's an important question.
[24] The reason I think she's

Page 24

L. POWERS

[1] competent now is based on the fact that she
[2] has demonstrated the knowledge of court
[3] proceedings through conversations that she's
[4] had with other people; she has had
[5] conversations, with her brother in particular,
[6] where she has talked about a legitimate
[7] defense.
[8] And the reasons that I had found
[9] her incompetent prior to this was with a
[10] possibility that she may have some sort of
[11] delusional process, a psychotic process that
[12] may interfere with her ability to assist
[13] counsel; namely, her refusal to meet with her
[14] first — Ms. Fink, that set of attorneys,
[15] because she's so traumatized by the strip
[16] search and by the forced cell move, and that
[17] was the result of a psychotic process.
[18] However, over time I began to
[19] believe that that wasn't the case; that she
[20] was not traumatized by those events, at least
[21] not to the degree that she initially led on
[22] that she was.
[23] Q: And what was it that convinced
[24] you that she was not traumatized by those

Page 25

L. POWERS

(1) events?
(2)

(3) A: Well, there were a couple
(4) things.

(5) There were inconsistencies in the
(6) way that she described it. But, also, in the
(7) review of the log books from when she was at
(8) MDC, which is the first time, her reaction
(9) prior to and afterwards, after the forced cell
(10) movement and strip search, she did not appear
(11) to be in very significant distress, one that
(12) would warrant such a huge amount of trauma
(13) presentation that I was seeing when she first
(14) arrived or that she was reporting.

(15) Also, I had the opportunity to
(16) review or to look at the video of the forced
(17) cell move. And what I expected to see was
(18) just a very depressed, sad, kind of a victim
(19) presentation of someone, and wasn't the case.
(20) She was very clearly yelling obscenities and
(21) very angry and asking for the video to be
(22) played so that the world could see what we
(23) were doing to her at the BOP.

(24) Q: So, you would say — would it be
(25) fair to say that was the major reason why you

Page 26

L. POWERS

(1) decided that she was competent now?
(2)

(3) A: Well, all of the reasons I just
(4) described, yes.

(5) Q: Okay.

(6) A: That she was able to talk about
(7) court proceedings in a logical manner to her
(8) brother and that she was able to communicate
(9) with people on the unit in a manner that would
(10) indicate that she had a logical method of
(11) doing so.

(12) Q: So, then, let me ask you this:
(13) How did you diagnose or how did you then deal
(14) with some of the symptoms that Dr. Siddiqui
(15) has exhibited from your first — her first
(16) arrival at Carswell to the present, such as,
(17) you know, sleep deprivation?

(18) A: And your question is how did I —

(19) Q: Yeah, how do you reconcile that?
(20) I mean, you have all of these
(21) symptoms that you report, I believe, in your
(22) report.

(23) A: Right.

(24) MR. LAVIGNE: Which report?

(25) MS. CARDI: The most recent

Page 27

L. POWERS

(1) report, May 4 of 2009.
(2)

(3) Q: And I believe in your original
(4) report, which was November 14 of 2008, you
(5) pretty thoroughly go through a series of
(6) symptoms that Ms. — Dr. Siddiqui was
(7) exhibiting —

(8) A: Yeah.

(9) Q: — which in the first report
(10) suggested to you that she was incompetent?

(11) A: That's right.

(12) Q: So, how do you reconcile the
(13) symptoms that Dr. Siddiqui has exhibited, both
(14) as you report in your first report and as you
(15) report in your second report, and your finding
(16) of competency?

(17) A: During the first evaluation when
(18) she came into our receiving and discharge
(19) area, she was very distraught. She spoke of
(20) — and my findings, my opinion, was based on
(21) her speaking of her seeing her children, her
(22) crying, her saying she couldn't read, her
(23) indicating that she suffered significant
(24) trauma, suggesting that — they were
(25) suggesting that, through her attorneys, that

Page 28

L. POWERS

(1) this may have — she may have been a prisoner
(2) of war and that this use of force and strip
(3) search was so distressing to her because it
(4) may have retraumatized her.

(5) So, those symptoms that I
(6) observed were that she was crying, she was
(7) visibly upset, she didn't want to submit to
(8) the strip search. Based on those things —
(9) she was also reporting that she wasn't
(10) sleeping well, which is another symptom of
(11) depression.

(12) So, based on her presentation
(13) when she first arrived, my opinion at that
(14) time was that she was suffering from
(15) depressive disorder with psychotic symptoms.
(16) Her psychotic symptoms were congruent with her
(17) mood, meaning that she was sad about her
(18) children being missing so she was seeing
(19) visions of her children.

(20) So, that's where I came up with
(21) those at the time. Since that time, before
(22) she left our institution, has reconciled and
(23) has — not reconciled, but she's gotten much
(24) better with those symptoms. She has not
(25)

Page 29

L. POWERS

[1] exhibited the crying episodes, she's certainly
[2] observed to be reading, participating in
[3] things that she feels are important, and I
[4] just didn't see the depression issues after a
[5] while.
[6] So, looking back, I would expect
[7] someone — it's very frequent that someone who
[8] first arrives will cry and become upset. So,
[9] I don't — I don't believe that that was the
[10] criteria in the latest report that would meet
[11] the criteria for major depressive disorder.
[12] Q: So, it's your testimony now that
[13] she's not suffering from major depressive
[14] disorder.
[15] Correct?
[16] A: Yes.
[17] Q: And she's not suffering from
[18] posttraumatic stress syndrome.
[19] Correct?
[20] A: That is correct, I do not believe
[21] she is.
[22] Q: And why — based on what?
[23] A: Because she just didn't exhibit
[24] the symptoms.
[25]

Page 30

L. POWERS

[1] Over time —
[2]
[3]
[4]
[5]
[6]
[7]
[8]
[9] Q: Let's take major depressive
[10] disorder.
[11] Why is it you don't think that
[12] she is suffering today from major depressive
[13] disorder?
[14] A: Well, because over time, I've
[15] come to realize that some of the things that
[16] she was reporting were exaggerated or not true
[17] at all, like her lack of sleep — we were
[18] seeing her sleeping adequately — which is a
[19] sign of depression. Her distress was very
[20] much reduced. She did not have the same
[21] presentation at all with regards to her crying
[22] and her feelings of being — that would meet
[23] the standard for clinical depression.
[24] Q: What is the standard for clinical
[25] depression?

Page 31

L. POWERS

[1] A: Well, if I could have the DSM, I
[2] can tell you specifically.
[3] Q: Can you tell me from memory?
[4] A: I can try, but I always use the
[5] book.
[6] Q: (Handing)
[7] A: Basically, someone that's, number
[8] one, clinical depressed is going to be pretty
[9] consistent. It may remit, but it's going to
[10] be pretty consistent over time, especially if
[11] it's not due to a stressor.
[12] We often see people who are very
[13] depressed and exhibit those depressed symptoms
[14] — crying, upset, lack of interest in
[15] activities, those kind of things — but it's
[16] due to a major stressor. And once the
[17] stressor remits, then they're doing much
[18] better.
[19] Let me find it. So, she — she
[20] was sleeping adequately, she didn't seem to be
[21] depressed most of the day; in fact, over time,
[22] she was observed to be laughing and joking,
[23] participated — she very much kept herself
[24] isolated, but there were times that she
[25]

Page 32

L. POWERS

[1] participated, particularly with an inmate that
[2] she was trying to help out with teaching the
[3] Muslim religion, was observed to — was not
[4] observed to have, that I knew of, any eating
[5] problems after the initial thing where she was
[6] wanting to eat downstairs. There was an
[7] initial issue when she got there that she
[8] didn't want to eat off the common fare tray,
[9] and, so, that was an issue. That seemed to
[10] have went away over time. She did not seem to
[11] have increased agitation or retardation every
[12] day; she was very calm.
[13] And this is without — without
[14] medication. She was not on antidepressant
[15] throughout that first stay there. And I just
[16] did not get overall her presentation that she
[17] was depressed. It definitely seemed to have
[18] gotten better, so I attributed that to just
[19] her adjustment at prison in the situation that
[20] she was in.
[21] MR. LAVIGNE: Doctor, just for
[22] the record, what page are you looking at
[23] in the DSM?
[24] THE WITNESS: 356.
[25]

Page 33

L. POWERS

- [1] MR. LAVIGNE: That's DSM-IV?
[2] THE WITNESS: IV-TR.
[3] Q: That is the diagnosis of, the
[4] elements for, major depression?
[5] A: Uh-huh.
[6] Q: When you say you received
[7] information about the fact that she had no
[8] problems with her eating, no problems anymore
[9] with her sleeping, where did you get that
[10] information from?
[11] A: From the nursing staff.
[12] And I had asked them on several
[13] occasions to monitor her sleeping since she
[14] had reported that she would be having these
[15] hallucinatory experiences at night, to monitor
[16] her sleeping.
[17] Every morning, we meet as a team
[18] on the unit with the nursing staff and get a
[19] report of anything that may have happened the
[20] night before. And consistently, it was not
[21] reported to me that she had any sleeping
[22] problems.
[23] Q: Would it be fair to say that
[24] unlike when Dr. Siddiqui was staying at the

Page 34

L. POWERS

- [1] Metropolitan Detention Center, where she was
[2] observed 24 hours a day, that she was not
[3] observed 24 hours a day by the staff at
[4] Carswell Correctional Facility?
[5] A: That is correct, there were not
[6] 24-hour-a-day logs.
[7] But the nurses do regular, I
[8] think thirty-minute, rounds at night.
[9] Q: And where is it — in which log
[10] would I find this reports of her sleeping at
[11] FMC Carswell?
[12] A: They just reported in the
[13] mornings with the logs.
[14] Q: Did they write it in the logs or
[15] did they just orally report it to you?
[16] A: They orally reported it to me.
[17] They keep just kind of nursing
[18] notes that they bring to rounds every morning,
[19] but they reported it to me.
[20] Q: And would you have a report over
[21] a 24-hour period as to how much time she did
[22] sleep versus how much time she didn't sleep?
[23] A: No.
[24] They reported to me whether she

Page 35

L. POWERS

- [1] was observed to be awake when they did
[2] rounds. That was the gist of it.
[3] Q: That was it.
[4] So, it's possible that she could
[5] have slept for a period of time, a short
[6] period of time, and been awake and then slept
[7] again and been awake, and you wouldn't really
[8] know that from the rounds report.
[9] Correct?
[10] A: Correct.
[11] Q: Or there could have been periods
[12] of time when she didn't sleep and when they
[13] saw her she had just fallen asleep.
[14] Correct?
[15] A: Of course.
[16] Q: And would it be fair to say that
[17] they don't necessarily spend a long period of
[18] time observing each individual in the unit —
[19] A: That's probably fair.
[20] Q: — to see whether or not they
[21] stay asleep?
[22] A: Uh-huh.
[23] Q: And didn't she complain both to
[24] Dr. Kemke and to others that she was having

Page 36

L. POWERS

- [1] difficulty sleeping during this very same
[2] period of time?
[3] A: Uh-huh, uh-huh.
[4] Q: And would it be fair to say that
[5] your — the reports of the nursing staff is
[6] basically anecdotal but not chronological?
[7] A: I'm not sure what you mean.
[8] Q: Let me withdraw.
[9] Did you take an opportunity to
[10] look at her sleeping patterns when she was at
[11] the Metropolitan Detention Center?
[12] A: I did.
[13] Q: And when did you do that?
[14] A: I did it before my last
[15] evaluation, and I reviewed it again before
[16] this testimony today.
[17] Q: Okay.
[18] So, when you say your last
[19] evaluation, you reviewed the logs before your
[20] most recent evaluation in May 2009?
[21] A: Yes.
[22] Q: Correct?
[23] A: Yes.
[24] Q: And when you reviewed the logs at

Page 37

L. POWERS

[1] the Metropolitan Detention Center, didn't you
[2] observe in the logs that there were days when
[3] she would sleep for an hour or two hours and
[4] then not sleep the next day for two, maybe
[5] three hours, other days one hour?

[6] Wouldn't you call that sleep —
[7] an issue regarding sleep?

[8] A: What I observed in the log was
[9] that she slept during 24-hour periods a fairly
[10] consistent amount of time. Her sleep is
[11] interrupted and was interrupted by pill lines,
[12] by, you know, lieutenants coming by. But for
[13] the most part, on a daily basis she slept
[14] three to four hours. It may not have been
[15] consistently three to four hours, but she
[16] slept at least three to four hours a day.

[17] Q: How do you function on three to
[18] four hours of sleep on a daily basis?

[19] A: I can't answer that. I'm not
[20] sure.

[21] Q: I mean, is it your professional
[22] opinion that three to four hours of sleep on a
[23] daily basis is sufficient?

[24] A: It is for some people. People —

Page 38

L. POWERS

[1] a lot of people require less sleep than
[2] others.

[3] Q: And, of course, you have no idea
[4] why Dr. Siddiqui is a person who requires more
[5] sleep or less sleep?

[6] A: No.

[7] Q: What would happen to a person
[8] over a period of time, do you think, if they
[9] don't — consistently only slept three or four
[10] hours a night?

[11] A: I'm not sure.

[12] Q: Wouldn't you consider that a
[13] symptom of depression if a person reported to
[14] you that they had that kind of a sleep pattern
[15] over a period of time?

[16] A: Sleep is definitely one of the
[17] criteria that we use.

[18] Q: And isn't it really sort of a
[19] primary criteria when you're looking at
[20] depression, the diagnosis of depression, what
[21] is the person's sleep pattern?

[22] A: I don't think that the DSM really
[23] gives one primary over another, but it is
[24] definitely a consideration.

Page 39

L. POWERS

[1] Q: So, it would be fair to say, for
[2] example, that if we look at the log on August
[3] 9, 2008 from the MDC — I'll give you that
[4] log.

[5] MS. CARDI: And that's in Exhibit
[6] E, by the way, that I'm referring to.

[7] Q: Log No. 23, August 9, if you look
[8] at that entry, isn't it correct that Dr.
[9] Siddiqui slept one hour and eight minutes on
[10] August 9, from, 7 a.m. to 8:15 a.m.?

[11] A: No, that's not what I'm seeing on
[12] my page.

[13] August 9, she — it says she was
[14] sleeping — she was observed to be laying down
[15] at 11:15, observed to be sleeping at 1,
[16] observed to be sleeping until 4:30, woke up at
[17] 6:25, and then went back to sleep until 7:40.

[18] Q: So, how many hours of sleep
[19] during that 24-hour period of time did she
[20] have?

[21] A: Well, 1 to 4:30 — one, two,
[22] three, four — three hours; and then again
[23] from six, about two hours there.

[24] So, five hours.

Page 40

L. POWERS

[1] Q: And that was interrupted, that
[2] sleep.

[3] Correct?

[4] A: Uh-huh.

[5] Q: What's the impact of interrupted
[6] sleep on an individual in a 24-hour period?

[7] A: I'm not sure.

[8] Q: In terms of determining whether
[9] or not that's a symptom of major depression.

[10] A: It could indicate that they're
[11] not sleeping well for a number of reasons.
[12] This environment is a very loud environment,
[13] so it's very common that we hear people in
[14] this environment not sleeping well. But it
[15] certainly — any sleep problems are indicative
[16] — could be indicative of one of the
[17] criterias for depression.

[18] Q: Did you do a log at all or a
[19] chart at all to figure out how much Dr.
[20] Siddiqui was sleeping and how much she was
[21] awake?

[22] A: No.

[23] Q: Did you do a log or a chart to
[24] determine whether or not her sleep was

Page 41

L. POWERS

[1] interrupted?
[2] A: No.
[3] Q: If somebody's sleep is
[4] interrupted on a regular basis, does that have
[5] any impact on their mental health?
[6] A: I'm sure it could.
[7] Are you asking if the sleep
[8] causes mental health issues?
[9] Q: No.
[10] First, the lack of sleep, does
[11] that impact on the mental health evaluation,
[12] her lack of sleep — her inability to sleep?
[13] A: Her inability to sleep, does it
[14] impact my evaluation?
[15] Q: Yes.
[16] A: Yes.
[17] Like I said before, any time
[18] someone has sleep problems, I consider that
[19] with a depressive diagnosis, or there's
[20] several diagnoses.
[21] Q: So, I guess my question to you
[22] is, if somebody sleeps, for example, as Dr.
[23] Siddiqui did, let's say for two hours, then
[24] wakes up, then sleeps another hour, hour and a
[25]

Page 42

L. POWERS

[1] half, how do you view that in terms of your
[2] diagnosis?
[3] A: Again, it could be indicative of
[4] sleep problems. If it was consistent over
[5] time, it could be indicative of one of the
[6] criterias for depression, if it was consistent
[7] over time.
[8] Q: When you say consistent over
[9] time, how much time are you saying?
[10] A: That's really — the DSM doesn't
[11] really provide us with the information of a
[12] specific amount of time, it's just being
[13] pervasive enough to cause major problems over
[14] time in their functioning.
[15] Q: Well, the sleep log presented by
[16] the MDC indicated and represented to you that
[17] she was having sleep issues, serious sleep
[18] problems when she was at the MDC and came to
[19] Carswell.
[20] Correct?
[21] A: No.
[22] Q: Did you mention any sleep
[23] deprivation or — not sleep deprivation, sleep
[24]
[25]

Page 43

L. POWERS

[1] impairment issues in your first report?
[2] A: I may have, yes, because she
[3] reported them to me.
[4] Q: So, how long was Dr. Siddiqui
[5] there before you wrote this report in May of
[6] 2008?
[7] A: I think she was there for three
[8] weeks, maybe.
[9] Q: And, so, you had not either
[10] discussed with your staff or confirmed whether
[11] or not Dr. Siddiqui was having sleep issues
[12] when you represented it in the report and just
[13] took it as a self-report?
[14] A: At that point, yes.
[15]
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Page 44

L. POWERS

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[11] Q: She came to — my understanding
[12] is she came to Carswell with a diagnosis of
[13] major depression, psychotic disorder.
[14] A: I don't know what she — she
[15] hadn't had an evaluation before she came to
[16] Carswell, so I'm not sure.
[17] Q: How about the Bureau of Prisons
[18] psychiatrists here, did they diagnose her at
[19] MDC?
[20] A: I'm not sure. I'd have to review
[21] the —
[22] Q: Did you review any of those
[23] records before you wrote your first report?
[24] A: I reviewed whatever I had sent to
[25]

Page 45

L. POWERS

(1)
(2) me.
(3) Q: Okay.
(4) And did you have any
(5) conversations with the treating psychiatrist
(6) from the MDC before you wrote your first
(7) report?
(8) A: No.
(9) Q: Have you had any conversations
(10) with the treating psychiatrist at the MDC
(11) before you wrote your second report?
(12) A: No.
(13) Q: Have you reviewed the sleep log
(14) from the Metropolitan Detention Center before
(15) you wrote your second report?
(16) A: Are you talking about just the
(17) log that we just talked about?
(18) Not sleep log, but just a log?
(19) Q: Well, the log from the
(20) Metropolitan Detention Center.
(21) A: Yes, I have reviewed that, yes.
(22) Q: But you haven't charted it?
(23) A: I haven't charted it, no.
(24) Q: So, your assumption that Dr.
(25) Siddiqui did not have sleep issues comes from

Page 46

L. POWERS

(1)
(2) — from which — what do you base that on?
(3) A: As I stated, I based it on the
(4) fact that the nurses reported in the mornings
(5) that she did not have problems, even after I
(6) asked them to pay special attention to her
(7) sleep patterns while she was at Carswell.
(8) Q: Didn't she report to Dr. Kemke
(9) that she was having problems sleeping?
(10) A: Yes.
(11) Q: And didn't you have access to
(12) those reports?
(13) A: I did.
(14) Q: How often did she report to Dr.
(15) Kemke that she was having problems sleeping?
(16) A: I'm not sure.
(17) I remember reading it in the
(18) medical record.
(19) THE WITNESS: You want that
(20) back?
(21) MS. CARDI: That's his.
(22) Q: Does Dr. Siddiqui sleep with a
(23) blanket over her head while at Carswell?
(24) A: I've never been — I never noted
(25) or had anyone note that to me, that she slept

Page 47

L. POWERS

(1)
(2) with a blanket over her head.
(3) Q: Dr. Kicharski comments in his
(4) report that his review of the log indicates
(5) that there are 24-hour periods when she barely
(6) sleeps at all and then sleeps a little bit,
(7) after reviewing the log.
(8) A: Uh-huh.
(9)
(10)
(11)
(12)
(13)
(14)
(15)
(16)
(17)
(18)
(19)
(20) Q: I'm going to show you Dr.
(21) Kicharski's report, Page 13, Paragraph 3, and
(22) it starts with: She evidenced significant
(23) sleep disorder at the Metropolitan Detention
(24) Center, Brooklyn, with documented record of
(25) one or two hours of sleep over a significant

Page 48

L. POWERS

(1)
(2) period.
(3) A: Right.
(4) He did not give specific dates
(5) for that, but he did in another section give
(6) dates which I had looked up and did not see
(7) that there was a huge difference in sleep. I
(8) didn't see that there was a huge concern over
(9) sleep on some of the dates that he gave.
(10) Q: You would concede that —
(11) withdrawn.
(12) You would concede, however, that
(13) if she was suffering from an inability to
(14) sleep or having sleep interruptions, that it
(15) would impact on her mental health and could
(16) impact on a diagnosis.
(17) A: No.
(18) That's just one clue. There's no
(19) diagnosis. I mean, you can get into the sleep
(20) disorders, which is a separate thing. But
(21) with regards to outside the realm of sleep
(22) disorders — sleep is just one component that
(23) in and of itself is not indicative of any one
(24) particular diagnostic criteria.
(25) Q: So, you talked about the issue of

Page 49

L. POWERS

(1) sleep.
(2) What other — what other symptoms
(3) did Dr. Siddiqui exhibit when you first
(4) examined her that indicated to you that she
(5) was suffering from a mental disorder and was
(6) incompetent?
(7) A: She was very distraught about her
(8) experience at the MDC and felt as though that
(9) she was tortured by the dark angels. Her
(10) explanation of that and the trauma that she
(11) appeared — that it caused her, she was very
(12) distraught, she was crying, she was very
(13) upset, and had a real — had a way of
(14) explaining it that wasn't — she didn't use,
(15) you know, the officers of the MDC, she said
(16) the dark angels. She made it seem as though
(17) it was a kind of out-of-reality kind of
(18) experience. Led me to believe that she was
(19) having some psychotic process.
(20) And, as I said in my report, the
(21) first time I wasn't sure about the PTSD.
(22) That's why I gave it a rule-out. But had she
(23) been, as I state in my first report, a
(24) prisoner of war at some point, this could have
(25)

Page 50

L. POWERS

(1) been related to that, so I left it open in
(2) that first report about the PTSD diagnosis as
(3) a result.
(4) She was also having
(5) hallucinations or reporting hallucinations of
(6) seeing her children. And at the time, that
(7) was pertinent because had she been a prisoner
(8) of war, that would have been congruent with
(9) what she was stating she was depressed about.
(10) Q: Correct me if I'm wrong, from
(11) your perspective, your professional opinion is
(12) had she been tortured, had she been a prisoner
(13) of war or kept incarcerated in some fashion,
(14) that these symptoms would have been an
(15) indication of what?
(16) A: Posttraumatic stress disorder,
(17) which could have had some implications for
(18) psychosis. There's not tons of research on
(19) war victims, but what is out there, psychotic
(20) symptoms relating to the trauma is not
(21) uncommon.
(22) So, had that been the case, that
(23) would certainly — would certainly be a
(24) possible.
(25)

Page 51

L. POWERS

(1) Q: What other diagnoses did you
(2) consider given those symptoms when you first
(3) — when she first presented at Carswell?
(4) A: Adjustment disorder.
(5) And a lot of times, we get folks
(6) coming in that are crying and upset. If that
(7) persists over time and they just are having a
(8) very difficult time adjusting, then I will
(9) consider an adjustment disorder. So, that was
(10) a possibility.
(11) Q: And that was it, the two that you
(12) just mentioned.
(13) Right?
(14) A: Well, anytime somebody's
(15) reporting psychotic symptoms, I mean, there's
(16) a whole host of working diagnoses that I had
(17) with her when she came in. Reporting the
(18) psychotic symptoms, of course, you know, I
(19) file it, and it could be indicative of any
(20) kind of psychiatric disorder; schizophrenia,
(21) delusional disorder, any of those.
(22) So, those are certainly things
(23) that I consider in the beginning. And then
(24) the process is, you know, over time, hopefully
(25)

Page 52

L. POWERS

(1) with collateral, with clinical interviews with
(2) the defendant, you can kind of start weeding
(3) through that and figure out and through
(4) testing and things like that.
(5) So, I had several working
(6) diagnoses at the beginning based on her
(7) reports of being depressed and based on her
(8) reports of hallucinations.
(9) Q: How did you rule out delusional
(10) disorder in your first report?
(11) A: Delusional disorder is really —
(12) it's about nonbizarre delusions that are
(13) pervasive. I didn't see that with her.
(14) What she was reporting was
(15) hallucinatory experiences, which are, you
(16) know, seeing her children and things like
(17) that. And, also, she was not reporting
(18) anything that would indicate that she was
(19) having bizarre or strange beliefs other than
(20) the use of force here at MDC, which indicated
(21) that the whole black angels issue, to me was
(22) explained under a psychotic disorder under
(23) depression.
(24) So, that's why I diagnosed her
(25)

Page 53

L. POWERS

[1] with depression with psychotic features.
[2]

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[9] Q: When she reported to you, right,
[10] you got reports from her, correct, that she
[11] was held captive and that she had been
[12] tortured?

[13] Correct?

[14] A: Are you talking about MDC or just
[15] in her past?

[16] Q: When you were examining her, in
[17] her past, she reported to you those — those
[18] experiences.

[19] Correct?

[20] A: Uh-huh.

[21] At the time, I took those

[22] experiences as real product of what she
[23] probably went through. And I was getting
[24] three to four phone calls from Ms. Fink and
[25] her attorney, Ms. Kunsler, telling me pretty

Page 54

L. POWERS

[1] much that — with pretty good certainty that
[2] she had been a prisoner of war. So, those
[3] were not viewed as anything atypical, outside
[4] of the fact that she was likely a prisoner of
[5] war and was reporting actual events.

[6] Q: Would it be fair to say you
[7] really don't know what happened to Dr.
[8] Siddiqui in those five years that she was
[9] missing?

[10] A: Yes, that's fair, I don't know.

[11] But from looking at the FBI logs,
[12] there were some indications that she wasn't
[13] held captive during that entire time. But I
[14] don't know.

[15] Q: When you say wasn't held captive
[16] during that entire time, there's nothing in
[17] the FBI logs, for example, that indicates
[18] whether or not she was held by the ISI in
[19] Pakistan.

[20] Correct?

[21] A: I don't recall reading that.

[22] Q: So, she could have been held by
[23] Al Qaeda.

[24] Correct?

Page 55

L. POWERS

[1] A: I believe from what I read in the
[2] FBI reports, she reports actually being out
[3] and about; you know, reports seeing her
[4] sister's ad on a van. So, there were things
[5] — I didn't bring the little snippets that
[6] were in the FBI report — didn't get that she
[7] was actually held captive during that entire
[8] time, at least. She did — and the FBI
[9] reports indicate that she was out and about at
[10] times.

[11] Q: So, you see her in the FBI
[12] reports as an accurate reporter?

[13] A: Given — yeah, I assumed that was
[14] fairly accurate.

[15] Q: Did you think that her
[16] description in the FBI reports indicated some
[17] thought disorder or tangentiality in the way
[18] she described things?

[19] A: I didn't get that from the FBI
[20] reports.

[21] Q: Would it be fair to say that if
[22] you look at the FBI reports, you can't tell
[23] where she was in 2003 or 2004 or 2005 or 2006
[24] or 2007 or 2008?

Page 56

L. POWERS

[1] You can't tell?

[2] A: No, she doesn't say where she was
[3] specifically during those times, but each year
[4] she mentions being — doing something during
[5] that year that wouldn't have been conducive to
[6] being captive.

[7] Q: Like what?

[8] A: She mentions, like I said, seeing
[9] her sister's — can I see my report?

[10] I think I wrote about it in my
[11] report.

[12] Q: Sure.

[13] MR. LAVIGNE: Exhibit C.
[14] For the record, that's the
[15] redacted version.

[16] A: She reported living with a
[17] certain family in —

[18] Q: What page are we on?

[19] A: I'm sorry, Page 7.

[20] Q: Okay.

[21] A: In 2005, she reported living with
[22] them and working at the Karachi Institute of
[23] Technology.

[24] In the winter of 2007, she

Page 57

L. POWERS

[1] reported looking for her husband.
[2] And I think there was another
[3] place in there where she reports seeing her
[4] sister's ad on a bus or something, so she knew
[5] that her sister was practicing over there.
[6] Q: So, that was sufficient for you
[7] to think that between 2003 and 2008 she was
[8] not held captive or under any threats or
[9] pressure from any individuals?
[10] A: It was very vastly different from
[11] the original report that she was held captive
[12] during that entire time.
[13] Q: And when you went back to do the
[14] second report, would it be fair to say you
[15] didn't really reach out to Mr. Edgar and I to
[16] ask whether or not — or our opinion of what
[17] had happened to her between 2007 and 2008 had
[18] changed in any way?
[19] Correct?
[20] A: I believe I did talk to you guys,
[21] but I don't think I specifically asked that
[22] question.
[23] Q: Would it be fair to say that when
[24] we did have a conversation, that we did say

Page 58

L. POWERS

[1] that what happened to her in those years was
[2] crucial, critical, in terms of a diagnosis?
[3] A: Uh-huh.
[4] Q: And it would be fair to say,
[5] then, that, for example, if she had been held
[6] captive by Al Qaeda, if she had been held
[7] captive by the ISI, if she had been held
[8] captive by the CIA, if any — or the Taliban
[9] or any other group or organization, that that
[10] would have an impact on your diagnosis?
[11] A: There's no question.
[12] Q: And how do you think that would
[13] impact on your present diagnosis of competency
[14] if this were accurate?
[15] A: I'm not sure.
[16] I would — my opinion at this
[17] point is that she is competent based on her
[18] knowledge of the court system and the things
[19] that she — the statements that she made.
[20] So, it would certainly impact me
[21] giving the PTSD diagnosis another shot, but
[22] whether that would impact her ability to
[23] assist her attorney, I'm not sure that that
[24] would — I'm not sure.

Page 59

L. POWERS

[1] Q: How did you — what about the
[2] report of the loss or murder or captivity of
[3] her children?
[4] What impact does that have on
[5] your diagnosis?
[6] A: As a mother, I can only assume
[7] that would be a very, very serious blow, very
[8] serious — causing distress to not know where
[9] your children are.
[10] If there were documents presented
[11] to me that adamantly stated that this was all
[12] true, then I certainly would expect her to be
[13] in distress, and it would provide an
[14] explanation for some of her atypical symptoms
[15] that I...
[16] Q: Would you then credit her
[17] reporting of her children visiting her room
[18] and her fears that she exhibits in regard to
[19] their safety, would you then credit those
[20] reports if you had some corroborating data?
[21] A: Well, obviously, the fear of her
[22] safety. Her hallucinations are still
[23] questionable to me just because of the way
[24] that they were presented. But, you know,

Page 60

L. POWERS

[1] obviously, if that were true and found out to
[2] be true, her reporting that she fears where
[3] her children are would certainly be a concern.
[4] Q: I mean, would it be fair to say,
[5] Dr. Powers, that you have received no
[6] substantiation from any source as to what has
[7] happened to those two missing children?
[8] Is that correct?
[9] A: That is correct, other than just
[10] her ex-husband's beliefs that they're okay.
[11] That's it.
[12] Q: And do you credit her
[13] ex-husband's beliefs that they're okay?
[14] A: I didn't.
[15] Q: Okay.
[16] A: I didn't one way or the other.
[17] It wasn't that I didn't, I just...
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Page 61

L. POWERS

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[4] Q: Don't you think that —
[5] withdrawn.
[6] Dr. Siddiqui reports throughout
[7] her stay at Carswell her fears concerning the
[8] safety of those children, her fears concerning
[9] that they are dead, her fears about whether or
[10] not she can speak because if she speaks her
[11] children may be harmed.
[12] A: Right.
[13] Q: How do you reconcile that with
[14] your diagnosis?
[15] A: I have, first of all, no
[16] verification that that's true one way or the
[17] other.
[18]
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[23] Q: Well, what verification do we
[24] have that they're not missing?
[25] A: We don't know one way or the

Page 62

L. POWERS

[1] other, that I'm aware of. I haven't seen any
[2] data one way or the other.
[3] Q: Okay.
[4] And we know that one child, one
[5] of the three children, is not missing.
[6] Correct?
[7] A: Uh-huh, her son.
[8] Q: But the other two are gone, for
[9] all purposes.
[10] Correct?
[11] A: I don't know if they're gone.
[12]
[13] Q: You've never heard Dr. Siddiqui
[14] have any conversation with anyone where she
[15] told anyone where she thought her children
[16] were.
[17] Right?
[18] A: Yes, she has reported, but that
[19] doesn't — I mean, she's reported a lot of
[20] things. It doesn't necessarily mean it's
[21] true.
[22] Q: When you are trying to figure out
[23] what is true in terms of the import it has on
[24] your diagnosis, how do you do that in a

Page 63

L. POWERS

[1]
[2] situation like this?
[3] A: It's very difficult, but in light
[4] of there's no other information whatsoever
[5] except for her self-report that her children
[6] are missing, it wasn't a huge factor.
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[21] Q: Maybe I'm — correct me if I'm
[22] wrong. Some of the things that she reports to
[23] the FBI that are reported in the logs, which
[24] are called 302s, you believe that Dr. Siddiqui
[25] is accurate reporter.

Page 64

L. POWERS

[1]
[2] Correct?
[3] A: Yes.
[4] Q: And some of the things she
[5] reports in those very same logs you now
[6] question as whether or not they're accurate.
[7] Correct?
[8] Am I just correct, yes?
[9] A: Well, when I —
[10] Q: Just answer, am I correct?
[11] A: I can't answer it because I'm not
[12] qualified.
[13] Q: Well, her report that her
[14] children are missing, she says that. You
[15] don't credit that.
[16] Am I correct?
[17]
[18]
[19]
[20] Q: In the FBI interviews or any
[21] time, you don't credit that.
[22] Correct?
[23] A: By not crediting it, I don't —
[24] Q: You don't think it's true.
[25] A: No, I didn't say that I don't

Page 65

L. POWERS

[1] think it's true. I don't know. So, I'm not
[2] judging one way or the other.
[3] Q: Well, then, you would — you
[4] testified that she reported, for example, that
[5] she lived here, here, and here during certain
[6] years, and you credited that as accurate.
[7] Correct?
[8] A: Yes.
[9] Q: She's also reported that her
[10] children are missing, they've been tortured,
[11] they are in danger. You have not credited
[12] that report.
[13] Correct?
[14] A: That is correct.
[15] Q: And what is the basis for you to
[16] credit some information and not credit other
[17] information?
[18] A: I'm not sure.
[19] Q: And if, in fact, the information
[20] in regard to her children is, in fact, true
[21] and accurate, how does that impact on your
[22] present diagnosis of competency?
[23] A: I don't think that it would
[24] impact my present diagnosis of competency or
[25]

Page 66

L. POWERS

[1] my opinion of competency, but it may impact my
[2] diagnostic opinions, in that I would — it
[3] would have a better explanation for some of
[4] her presentation when she first arrived at the
[5] MDC and — I'm sorry, at Carswell, and, also,
[6] the more congruent hallucinations.
[7] Well, her moods would be a little
[8] more explained. I would expect someone who
[9] lost their children to be very sad and
[10] depressed.
[11] Q: But what about her hypnogogic or
[12] hallucinatory experiences about the children?
[13] A: I would look at it again, but I
[14] would think that someone who has hypnogogic
[15] hallucinations, that's not a diagnostic
[16] criteria.
[17] Q: For what?
[18] A: A disorder; maybe a sleep
[19] disorder. That's not — hypnogogic delusions
[20] are...
[21] Q: Wouldn't it also be an element or
[22] a symptom for delusional disorder?
[23] A: Hypnogogic hallucinations?
[24] Q: Yeah.
[25]

Page 67

L. POWERS

[1] A: I don't think so.
[2] I mean, that's sleep-induced,
[3] when you're coming out of being asleep, I
[4] think that's a common phenomena. I don't
[5] think that's criteria for a delusional
[6] disorder.
[7] Q: So, you wouldn't consider her
[8] reportage of those kinds of — what seemingly
[9] are bizarre experiences, correct, you would
[10] consider her reports are bizarre about seeing
[11] her children, hearing her children, her
[12] children coming and saving food for them?
[13] A: If they were bizarre, they would
[14] fall under another category. It wouldn't be
[15] delusional, delusional nonbizarre disorder.
[16] Q: So, what would they fall under?
[17] Which categories?
[18] A: Psychotic disorders.
[19] Q: And hasn't Dr. Kemke found that
[20] her diagnosis of Dr. Siddiqui is that she's
[21] psychotic?
[22] A: Yes.
[23]
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Page 68

L. POWERS

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Page 69

L. POWERS

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(7) I

(8) Q: I'm going to show you Bates Stamp

(9) No. 797, and I'm going to refer you to — one

(10) second.

(11) I'm going to refer you to

(12) Paragraph 1 — I'm going to refer you to

(13) Paragraph 2 and 3, and I'd like you to —

(14) that's an interview of her husband — her

(15) ex-husband

(16) A: Okay.

(17) You said Paragraphs 2 and 3?

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Page 70

L. POWERS

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(14) Q: So, my question is: Does that

(15) corroborate for you in any way that, in fact,

(16) Dr. Siddiqui might have been in serious danger

(17) during that period of time?

(18) A: It certainly seems to indicate

(19) that.

(20) Q: Does that change in any way your

(21) professional opinion in regard to her

(22) competency?

(23) A: It — I don't think that it would

(24) change my opinion with regard to her

(25) competency, but it may play a role in my

Page 71

L. POWERS

(1)

(2) opinion about her diagnosis.

(3) Q: Okay.

(4) Explain to me the role it would

(5) play.

(6) A: As I said in the first report,

(7) her symptoms were very atypical, they weren't

(8) what we'd normally see with someone who did

(9) not have a trauma history. As I stated in the

(10) first report, if she were to be found to be a

(11) victim of war, a trauma victim, then her

(12) atypical symptoms could possibly be explained

(13) under that umbrella.

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Page 72

L. POWERS

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(3) Q: Is it — hypothetically, if Ms.

(4) Siddiqui, in fact, was in danger from whatever

(5) source, in serious danger, how would that

(6) impact on your diagnosis of her today?

(7) A: I would consider PTSD more

(8) strongly.

(9) Q: Okay.

(10) If you learned that her children

(11) had been held captive and murdered, how would

(12) that impact on your diagnosis today?

(13) A: I would consider PTSD more

(14) strongly.

(15) Q: If you learned that she was the

(16) victim of serious domestic violence in her

(17) first marriage, how would that impact on your

(18) diagnosis today?

(19) A: Again, PTSD.

(20)

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Page 73

L. POWERS

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[7] Q: She reports that she was subject
[8] to a fatwa and forced to do research for the
[9] sake of religion and mentions issues and an
[10] individual who ordered the fatwa.
[11]
[12] Q: If that turned out to be true,
[13] how would that impact on your diagnosis of her
[14] today?
[15]
[16]
[17]
[18] MS. CARDI: Bates No. 234.
[19] MR. LAVIGNE: Okay.
[20] MS. CARDI: And then Bates No.
[21] 400 and 401.
[22] A: Again, I would consider PTSD.
[23] Q: Okay.
[24] Doctor, did you have — I believe
[25] that you — did you review the reports from

Page 74

L. POWERS

[1]
[2] her professors at MIT and Brandeis in regard
[3] to her being subjected to domestic violence in
[4] her first marriage?
[5] A: I did.
[6] Q: And would it be fair to say that
[7] they corroborate at least the reports of
[8] domestic violence in their reports by saying
[9] they observed injuries to her?
[10] A: It could be, yes.
[11] Q: How does that impact on your
[12] diagnosis and your findings in regard to Dr.
[13] Siddiqui today?
[14] A: It's certainly consideration for
[15] a PTSD diagnosis.
[16] Q: Would it be — would any of these
[17] things be a consideration for any other
[18] diagnosis, besides the PTSD diagnosis?
[19] A: That's the only one, I think.
[20] You know, I would expect someone
[21] if their children were abducted to have
[22] depression, but it would be a situational
[23] depression, so it wouldn't necessarily meet
[24] the criteria for major depressive disorder.
[25] So, PTSD, I think would be...

Page 75

L. POWERS

[1]
[2] Q: If all these things are true,
[3] does it change your position about Dr.
[4] Siddiqui's competency today?
[5] A: No, it does not.
[6] Q: Is — I forgot to ask this, is
[7] sleep disorder a prodromal sign of mental
[8] illness?
[9]
[10]
[11] MS. CARDI: Prodromal signs of
[12] mental illness.
[13] A: I don't know what that means.
[14] MR. LAVIGNE: Could you spell
[15] that?
[16] MS. CARDI: P-R-O-D-R-O-M-A-L.
[17] Q: Now let's talk about her
[18] tangential thinking, okay?
[19] Describe for us what you
[20] understand tangential thinking to be.
[21] A: Where they start out on one topic
[22] and jump from one topic to another.
[23] Q: So, you report in your first
[24] report that when you met — first met, I
[25] believe, Dr. Siddiqui, that she exhibited

Page 76

L. POWERS

[1]
[2] tangential thinking.
[3] Correct?
[4] A: Uh-huh.
[5] Q: How did she exhibit that to you?
[6] A: Just as I just stated, she'd
[7] start out — it was specifically at the R&D,
[8] where she first came in. She was talking
[9] about the use of force and the dark angels and
[10] not wanting to submit to the strip search and
[11] was really jumping from one to the other so
[12] quickly it was hard for me to keep up with
[13] what she was saying at times.
[14] Q: And did she at any other time
[15] exhibit tangential thinking when she was
[16] speaking with you?
[17] A: Yeah, I spoke with her very
[18] little, but I think another time when I did
[19] have a conversation with her she did — was
[20] talking about her experience at the MDC and
[21] then jumped back to her experience at
[22] Carswell.
[23] Q: And do you remember when that
[24] conversation occurred?
[25] A: No, I don't, not without having

Page 77

L. POWERS

[1] my notes in front of me.
[2] THE VIDEOGRAPHER: Excuse me,
[3] counsel.
[4] You have five minutes of tape
[5] left.
[6] MS. CARDI: Okay.
[7] Q: Would it be fair to say that
[8] other individuals who are employed at Carswell
[9] have observed and reported her tangential
[10] thinking?
[11] A: Yes.
[12] Q: And that would include Mr. McGee,
[13] the social worker?
[14] A: Yes.
[15] Q: What do you understand or recall
[16] about his reports of her tangential thinking?
[17] A: You mean just in — I don't know
[18] what you're asking.
[19] Q: He reports that.
[20] Correct?
[21] A: Uh-huh.
[22] Q: That she thinks in a tangential
[23] manner, that she's hard to follow.
[24] A: Yes.

Page 78

L. POWERS

[1] Q: That she has to be redirected
[2] back to her point or the direction of the
[3] conversation. And he reports that on more
[4] than one occasion.
[5] Correct?
[6] A: Yes.
[7] Q: Including recently.
[8] Correct?
[9] A: Yes.
[10] Q: And Dr. Kemke, who sees her quite
[11] often, also reports that she is subject to
[12] tangential thinking, that she is hard to
[13] follow, that she goes off point, that she has
[14] to be redirected back to the point.
[15] Isn't that correct?
[16] A: Yes.
[17] Q: And Dr. Kemke, who sees her quite
[18] frequently, reports it on a more frequent and
[19] current basis.
[20] Correct?
[21] A: Yes.
[22] Q: Isn't it also true that — that
[23] in reviewing some of the transcripts of her
[24] conversations with her brother — and I think

Page 79

L. POWERS

[1] you have reviewed some of those transcripts —
[2] that you see indications of tangential
[3] thinking with her brother; she goes off topic,
[4] she needs to be redirected —
[5] A: Yes.
[6] Q: — she can be very confusing.
[7] And that's true up until today,
[8] correct — the last time you saw her?
[9] A: Yes.
[10] Q: Would it be also true if you look
[11] at the transcripts of her conversations with
[12] the Pakistani Embassy, the representative
[13] there, there's an indication that she is also
[14] subject to tangential thinking in her
[15] conversations with the Embassy officials?
[16] Correct?
[17] A: Yes.
[18] Q: So, tangential thinking is — how
[19] do you — what impact does Dr. Siddiqui's
[20] tangential thinking have on your diagnosis of
[21] Dr. Siddiqui?
[22] A: It's a clue for a working
[23] diagnosis that could indicate a number of
[24] different diagnoses; mostly, psychosis.

Page 80

L. POWERS

[1] Q: And psychosis, what kinds of
[2] diagnoses are you referring to?
[3] A: Schizophrenia.
[4] Q: Any other?
[5] A: Uh-uh.
[6] Q: Not delusional disorder?
[7] A: No, delusional disorder doesn't
[8] have the component of tangential thinking.
[9] Q: How about depression?
[10] A: You can have some of that in
[11] depression; it's going to be viewed a
[12] different way, but you could have some of that
[13] in depression. It would be — it would be a
[14] clue, but I don't think that's necessarily a
[15] criteria for depression.
[16] Q: If Dr. Siddiqui is psychotic,
[17] does that change your position about her
[18] competency?
[19] A: It could, yes.
[20] Q: Okay.
[21] In what way?
[22] A: Because if someone's psychotic,
[23] they're not thinking reality, they're very
[24] much thinking outside of reality, and, so, it

Page 81

L. POWERS

[1] **L. POWERS**
[2] may be difficult for her to assist her
[3] attorneys.
[4] **Q:** For example, could you give me an
[5] example of how it would be difficult for her
[6] to assist me if she's psychotic?
[7] **A:** Well, because she would not be
[8] thinking in the moment rationally. She would
[9] be — hypothetically, she would be thinking of
[10] things that were irrelevant, maybe, to the
[11] situation or things that wouldn't help in her
[12] defense.
[13]
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[18]
[19]
[20]
[21] **Q:** If she's suffering from
[22] tangential thinking, wouldn't it impact her
[23] ability to report information to her attorneys
[24] that we would need in order to properly defend
[25] her?

Page 82

L. POWERS

[1] **L. POWERS**
[2] **A:** If she was — the key is if she's
[3] not redirectable. If she cannot be redirected
[4] at all, that would definitely be
[5] consideration.
[6] **Q:** Have you seen anywhere in the
[7] reports that you've read that she's
[8] redirectable in any significant way?
[9] **A:** I don't recall.
[10] **Q:** And would it be fair to say that
[11] Dr. Kemke reports that she is not
[12] redirectable?
[13] **A:** I think Dr. Kemke used those
[14] words.
[15] **Q:** So, if she is not redirectable,
[16] then wouldn't that have an impact on her
[17] ability to assist me, her attorney, or any
[18] attorney in defending her?
[19] **A:** It would be a concern, yes.
[20] **Q:** And isn't it — wouldn't it be
[21] true that her tangential thinking and
[22] reporting would impact on whether or not she
[23] could allocute to a plea?
[24] **A:** It could.
[25]

Page 83

L. POWERS

[1] **L. POWERS**
[2]
[3]
[4] **Q:** Whether or not she would be
[5] capable of actually, intellectually,
[6] knowingly, and voluntarily, and waiving her
[7] rights and pleading guilty to a charge.
[8] **MR. LAVIGNE:** Is the question if
[9] somebody suffers from tangential
[10] thinking —
[11] **MS. CARDI:** Yes
[12] **MR. LAVIGNE:** — then all those
[13] things could be affected?
[14] **MS. CARDI:** Correct.
[15] **MR. LAVIGNE:** Okay.
[16] **A:** Yes.
[17] **Q:** And in what way?
[18] **A:** If somebody suffers from
[19] tangential thinking, somebody's psychotic or
[20] hasn't been otherwise disordered, that it
[21] encompasses that, then it could affect their
[22] ability to understand the plea bargain process
[23] by them just not being able to think in
[24] reality; they're thinking about things that
[25] are irrelevant to the case rather than

Page 84

L. POWERS

[1] **L. POWERS**
[2] focussing on the case.
[3] **THE VIDEOGRAPHER:** Excuse me,
[4] ma'am. I need to change tape.
[5] **MS. CARDI:** You want to take a
[6] break?
[7] **THE VIDEOGRAPHER:** Time is now
[8] 2:10 p.m. This marks the ending of Tape
[9] No. 1.
[10] Off the record.
[11] (Recess taken)
[12] **THE VIDEOGRAPHER:** Time is now
[13] 2:26 p.m. This marks the beginning of
[14] Tape No. 2.
[15] On the record.
[16] **Q:** Okay, Dr. Powers, would it be
[17] accurate to state or would you agree that Dr.
[18] Siddiqui reports a fair amount of paranoid
[19] behavior?
[20] **A:** Yes.
[21] **Q:** And that she actually exhibits a
[22] fair amount of paranoid behavior?
[23] **A:** She — yes.
[24] **Q:** And give me, for us, what
[25] examples you think of when you answer that

Page 85

L. POWERS

[1] question affirmatively.
[2] A: She at one point felt like she
[3] was being poisoned. Another point, she made a
[4] list of people she thought were out to harm
[5] her.
[6] Q: Uh-huh.
[7] And does she also at one point
[8] fear that inmates were setting her up to be
[9] killed?
[10] Do you recall that?
[11] A: I — not specifically, no.
[12] Q: And how about when she accuses
[13] the guards of trying to attack her?
[14] A: I haven't read that.
[15] Q: You haven't read that. Okay.
[16] Well, what do you make of these
[17] delusions?
[18] A: I think that her — some of her
[19] beliefs are really not that incongruent with
[20] someone who is not familiar with our system
[21] here, doesn't know what the prison system is
[22] like, doesn't have an idea of who's on her
[23] side, who's not on her side.
[24] And I felt like some of her

Page 86

L. POWERS

[1] paranoia is based on the fact that she is not
[2] from this country and maybe nervous about
[3] being incarcerated in this country.
[4] Q: Then how do you account for the
[5] fact that she spent, you know, almost ten
[6] years being educated in the best — some of
[7] the best universities in this country with,
[8] you know, your opinion?
[9] A: Well, she was incarcerated during
[10] this time, so I'm expecting that she — and
[11] she was also not accused of a federal crime at
[12] that time. So, I think that some of that
[13] element of delusional kind of thinking is, or
[14] what appears to be delusional thinking, is
[15] explained in the fact that she is a little
[16] nervous being held for a federal crime that
[17] involves kind of international issues.
[18] Q: But she talks about really very
[19] paranoid behavior, that people are out to get
[20] her, in a way that's different from other
[21] defendants.
[22] Correct?
[23] You know, more normal
[24] defendants.

Page 87

L. POWERS

[1] A: She talks about delusional
[2] content in — repeat the question.
[3] Q: Paranoid, she's paranoid that the
[4] judge is trying to destroy her, the guards are
[5] trying to destroy her; you know, people are
[6] trying to poison her food, she — the video of
[7] the forced search is going to be put over the
[8] internet; her attorneys are arms of the
[9] Government and out to, you know, harm her; her
[10] brother, if he doesn't agree with her, she
[11] accuses him of being part of the conspiracy to
[12] get her.
[13] She talks about, you know, all of
[14] these — all of these descriptions. Your
[15] staff, yourself, you're part of the, you know,
[16] the armed — the Government who's out to get
[17] her and harm her.
[18] How do you reconcile that
[19] paranoia with your diagnosis and your findings
[20] of competency?
[21] A: Two things.
[22] One is that her basis of people
[23] being out to get her, I don't think — I've
[24] never had another case where the person was

Page 88

L. POWERS

[1] accused on such an international level. So,
[2] some of it, I think, can be viewed in light of
[3] a normal reaction being held under these
[4] circumstances.
[5] The other thing is that I think
[6] she has shown consistently a vested interest
[7] in getting her story out. She has — when she
[8] talks to NBC, she is sure to share situations
[9] that have happened to her. And, so, I think
[10] she also has a vested interest in making sure
[11] that the media reports her as someone who's
[12] experiencing some significant trauma.
[13] Q: So, it's the mere fact that she
[14] reports that to the Embassy weighs — how does
[15] that weigh in on all of the other examples of
[16] paranoid behavior?
[17] A: She also reports that to other
[18] people who I believe she thinks can get the
[19] word out to the warden. If someone is truly
[20] paranoid — she picks very high profile people
[21] to report her paranoia to; the warden for,
[22] instance, the Consulate. She's asked her
[23] brother: Are you telling the media this?
[24] Wanting him to. During the

Page 89

L. POWERS

[1] forced cell move: I hope you get a video and
[2] show the world what you're doing to me.
[3] So, I think that there's an
[4] element of her presentation that is definitely
[5] motivated for the media.
[6] Q: Don't some paranoid people, for
[7] example, want their fears and their — this
[8] paranoid mistreatment reported?
[9] Isn't that — that's not — it's
[10] not mutually exclusive, is what I'm saying.
[11] You can be paranoid, correct, and
[12] you can still want people to know —
[13] A: Sure.
[14] Q: — that you're being, you know,
[15] attacked or you're being — there's a great
[16] conspiracy against you, or the forces want to
[17] kill you, the FBI is listening through your
[18] walls.
[19] A: Yes.
[20] Q: And you can be very much
[21] paranoid.
[22] Correct?
[23] A: Yes.
[24] Q: How did you decide here that
[25]

Page 90

L. POWERS

[1] that's not the case with Dr. Siddiqui?
[2] A: Because there were specific
[3] examples of her being paranoid that didn't —
[4] her behavior didn't match what her report
[5] was.
[6] Specifically with the dark
[7] angels, that was a very important key point in
[8] both of my reports in that she believed that
[9] these dark angels — even reporting she
[10] weren't sure exactly what the dark angels
[11] were, she reported to her husband as if they
[12] might be inhuman — unhuman form. Not to her
[13] husband, to her brother, sorry.
[14] So, the idea that this delusional
[15] process of this forced cell move was, in her
[16] mind, this dark angels and the Court was
[17] killing her. When I looked at her behavior
[18] just after the forced cell move through the
[19] logs, it wasn't really indicative of someone
[20] who's trauma — who had been traumatized to
[21] the level that she was saying that she was
[22] traumatized.
[23] Also, the video of the forced
[24] cell move did not — again, I said earlier in
[25]

Page 91

L. POWERS

[1] my testimony, I expected to see someone who
[2] was very traumatized, very beaten down, if you
[3] will, and she was very much in control of that
[4] situation with regards to verbally making
[5] statements and arguing and all that stuff,
[6] which is not at all what I would have expected
[7] to see given what she was reporting as
[8] delusional, dark angels, and those kind of
[9] things. It just didn't go.
[10] Q: When you watched that video, you
[11] didn't think she was being traumatized?
[12] A: No.
[13] I thought she was angry.
[14] Q: But you did not think she was
[15] being traumatized?
[16] A: No, I did not see that at all.
[17] She did not present as
[18] traumatized victim. She was very mad and
[19] demanding.
[20] Q: Is it your testimony that
[21] traumatized victims are — don't get angry?
[22] A: No.
[23] Q: Or are not demanding?
[24] A: No, it's not.
[25]

Page 92

L. POWERS

[1] But I've seen many forced cell
[2] moves, and her reaction to it was very
[3] different from what I usually see with other
[4] people.
[5] Q: Give me an example.
[6] A: Usually upset, crying, begging
[7] for them to please take the videos away, to
[8] please go out of her room, very upset; in not
[9] an angry way, cussing and demanding that they
[10] keep the video, making political statements
[11] about what they hope will happen with this
[12] video. I've never seen that before.
[13] ---
[14]
[15]
[16]
[17]
[18]
[19]
[20]
[21]
[22] Q: Hasn't it been reported to you
[23] that during other strip searches, that she, in
[24] fact, has exhibited those very symptoms you
[25] described, of tears and anxiety and sadness

Page 93

L. POWERS

(1) and depression and all of those kinds of
(2) symptoms that you just previously described?

(4) A: It's been described to me that
(5) she was angry and would not submit to a strip
(6) search.

(7) And her attorneys, her original
(8) attorneys, Ms. Fink and her colleagues, were
(9) reporting that she appeared to be very sad.

(10) Q: I mean, doesn't the Carswell
(11) report have examples during the strip search
(12) at Carswell where she begs them not to do it
(13) to her?

(14) A: What do you mean the Carswell
(15) report?

Page 94

L. POWERS

(1)
(2)
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(4)
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(8)
(9)
(10) Q: Are you aware of any reports at
(11) Carswell of Ms. Siddiqui's behavior when she
(12) has to be strip searched?

(13) A: I observed her during her R&D
(14) initial strip search. She was very upset, she
(15) did not want to submit to the strip search,
(16) but once she was told that she had to, that
(17) was the only process.

(18) She did it without too much
(19) fanfare, but it did take about an hour to get
(20) her to do it.

(21) Q: And did she appear to you to be
(22) suffering from any trauma as a result of that?

(23) A: Interestingly, when she was going
(24) through the strip search, no.

(25) I noted to myself that it was

Page 95

L. POWERS

(1) interesting that — I was standing right
(2) outside the door during the strip search, and
(3) she came out very untraumatized. It didn't
(4) appear that the incident was traumatic at all
(5) to her, despite all of the hour-long process I
(6) had went through to get her to submit to the
(7) strip search.

(8) Q: Did she shut down at all after
(9) the strip search?

(10) A: I don't recall that she did, no.

(11) Q: How do you explain her — well,
(12) withdrawn.

(13) If Dr. Siddiqui had been
(14) subjected to torture or abuse at an earlier
(15) time, would that change your opinion about her
(16) behavior and symptoms that you observed in Dr.
(17) Siddiqui when, in fact, she was subject to
(18) strip search?

(19) A: Yes.

(20) Q: And in what way?

(21) A: I would expect that someone who
(22) had been through a prisoner of war and torture
(23) experience over an extended period of time
(24) would have reliving of that trauma when asked
(25)

Page 96

L. POWERS

(1) to do something similar. That's kind of the
(2) hallmark of PTSD.

Page 97

L. POWERS

(1)
(2) MS. CARDI: But if she's been
(3) tortured or traumatized before —
(4)
(5) MS. CARDI: — in that period of
(6) time and now she's reporting trauma, if
(7) that's accurate that she was, in fact,
(8) tortured or traumatized in that prior
(9) period of time, how does that impact —
(10) now she reports being traumatized.
(11) How does that impact on your
(12) diagnosis or your finding of
(13) competency?
(14) THE WITNESS: I got it.
(15)
(16)
(17)
(18)
(19)
(20) MR. LAVIGNE: Ms. Siddiqui has
(21) reported trauma during strip searches.
(22) MS. CARDI: Correct.
(23) MR. LAVIGNE: So, how would the
(24) fact that she had been subjected to
(25) torture affect your view of the symptoms

Page 98

L. POWERS

(1) she expresses regarding the strip
(2) search?
(3) Right?
(4) MS. CARDI: Yes.
(5) A: Again, that could be indicative
(6) of PTSD disorder. One of the hallmarks of
(7) that is reliving the trauma when you're
(8) exposed to something similar.
(9) Q: How does that impact on her
(10) competency?
(11) A: It doesn't necessarily impact on
(12) her competency.
(13) We have many, many people who
(14) have PTSD that are competent to stand trial.
(15) Q: So, if you found that to be true
(16) in this case, in Dr. Siddiqui's case, would
(17) that impact on your determination that she was
(18) competent?
(19) A: No.
(20) Q: And why not?
(21) A: Because, as I've stated in my
(22) prior testimony, she does have a sense of what
(23) the court system is about, has spoken — had
(24) conversations about formulating a defense, and
(25)

Page 99

L. POWERS

(1) that would be outside of what you would expect
(2) to see PTSD symptoms causing problems with.
(3) Q: Have you read of — how do you
(4) deal with Dr. Siddiqui's talking about being
(5) dead, feeling dead, already dead?
(6) How do you deal with the theme of
(7) death in your diagnosis of Dr. Siddiqui?
(8) A: Originally, in my first report, I
(9) thought that that might be indicative of,
(10) again, PTSD, so I gave it a rule-out,
(11) depending on how she viewed that trauma.
(12) Over time, she has had
(13) conversations that contradicted the fact that
(14) she thinks she's dead. She reported in
(15) conversations with her brother, yeah, she's
(16) reported that she's been dead, but in other
(17) conversations she's reported different ways to
(18) formulate a defense. When she's reported to
(19) me: There's no sense in talking to the
(20) Court. I'm dead anyways.
(21) So, it's just very inconsistent,
(22) her reports of death.
(23) Q: Do you think it's a metaphor that
(24) she's using, or do you think she really thinks
(25)

Page 100

L. POWERS

(1) she's dead?
(2) A: I don't believe she thinks she's
(3) dead. She's a smart lady and she knows that
(4) she's breathing, so it could be a metaphor.
(5) But there have been enough
(6) inconsistencies. You know, she also reported
(7) she couldn't read or write, and she does that
(8) too, so...
(9) Q: When Dr. Siddiqui said that she
(10) can — when Dr. Siddiqui reports that she's
(11) having a problem reading, do you interpret —
(12) did you interpret that as actually the ability
(13) to read the words or did you interpret that as
(14) having a hard time concentrating so that she
(15) could — had a difficulty reading?
(16) Do you see the distinction?
(17) A: Yes.
(18) But it was very clear when she —
(19) she didn't report she had difficulty reading,
(20) she said she could not read because she was
(21) dead.
(22) Q: And were there other times that
(23) she reported that she could not read —
(24) A: Yes.
(25)

Page 101

L. POWERS

[1] Q: — besides when she was dead —
[2] besides when she reported that the reason was
[3] she was dead?

[4] A: She reported during a team
[5] meeting that she couldn't read what we had for
[6] her, and she didn't give a reason.

[7] But she said she couldn't write
[8] with her dominant hand because that hand was
[9] dead. She could write with her left hand.

[10] Q: And what did you make of that
[11] report?

[12] A: At the time, it was just odd. It
[13] was another atypical symptom that I didn't
[14] know what to do with.

[15] But later, when she's writing
[16] long letters to people, it's clear that she
[17] was able to write.

[18] Q: Wouldn't somebody who's
[19] malingering or making up false symptoms then
[20] not write with that hand?

[21] Wouldn't you anticipate or expect
[22] that that person would stop writing with that
[23] hand?

[24] A: Yeah, that would generally be

Page 102

L. POWERS

[1] what we see unless the need to write the
[2] letter, whatever that purpose is, overrode the
[3] idea that she couldn't read or couldn't
[4] write.

[5] She wanted to let the warden know
[6] some things. I think that was one of her
[7] first letters that she had written. And, you
[8] know, for all accounts and purposes, I'm not
[9] aware of her telling the warden she couldn't
[10] write, so...

[11] Q: Did you inquire whether or not
[12] that was a symptom Ms. Siddiqui experienced
[13] sporadically or fleetingly as opposed to
[14] permanently?

[15] A: That was a source of many
[16] questions that I — many times that I tried to
[17] ask Ms. Siddiqui why she couldn't read, why
[18] she couldn't write, because it didn't make
[19] sense to me from the beginning. That was one
[20] of the questions that I had that I just
[21] couldn't figure out why she was reporting
[22] that. It didn't make sense in any diagnostic
[23] criteria.

[24] And her report was always that

Page 103

L. POWERS

[1] she was dead. She just didn't — she didn't
[2] give any explanation, just that: I'm dead. I
[3] don't read or write.

[4] In fact, on one particular
[5] occasion, she tried to hide from me that she
[6] could read. I observed her reading on several
[7] occasions, but at one point I walked into her
[8] room and said: Oh, I'm sorry to have
[9] disturbed your reading.

[10] This is after I stood outside her
[11] door for a few seconds and saw that she was
[12] reading. When I walked in, I said: I'm sorry
[13] to disturb your reading.

[14] She said: Oh, I wasn't reading.
[15] I was just looking at the text. I wasn't
[16] reading it, though. I can't read. I'm dead.

[17] And, so, then I asked a couple
[18] questions: Help me understand that. I don't
[19] understand.

[20] She was very vague: I'm dead.

[21] Q: If, in fact, she believes that,
[22] what does what mean?

[23] A: I don't know.

[24] Q: So, it really doesn't fit into

Page 104

L. POWERS

[1] any diagnosis for you?

[2] A: No, very unusual.

[3] Q: How about depression, does it
[4] figure at all into depression?

[5] A: No.

[6] Q: Could it be a hallucination?

[7] A: I've never heard of a
[8] hallucinator where somebody feels that their
[9] body is taken. It doesn't sound like a
[10] typical hallucination.

[11] Q: How about a paranoia, does it
[12] fall into any...

[13] A: No.

[14] It's a very unusual symptom to
[15] report.

[16] Q: Have you reviewed any of Dr.
[17] Siddiqui's writings prior to her being
[18] arrested?

[19] I mean that were on her person
[20] when she was arrested.

[21]

[22]

[23]

[24]

[25] MS. CARDI: Not on her person,

Page 105

Page 107

[1] **L. POWERS**
[2] but I mean that she was found with
[3] certain writings.
[4] Q: Did you review any of those
[5] writings?
[6] A: Yes, some of them I did; the ones
[7] I was privy to.
[8] Q: Did you find any of those
[9] writings bizarre?
[10] A: No, not in particular.
[11] I thought it was radical, I would
[12] say. Not necessarily bizarre.
[13] Q: Did you think that her — sorry,
[14] I'll get to it. Oh, here.
[15] Do you think it was a little
[16] bizarre when she talks about developing a
[17] magnet to propel airplane propellers?
[18]
[19]
[20]
[21]
[22]
[23] MR. LAVIGNE: Do you recall
[24] that?
[25] THE WITNESS: I don't.

[1] **L. POWERS**
[2] read that?
[3] A: I don't recall reading that, no.
[4] Q: Did you read about her thoughts
[5] about the Indians; her delusions that Indians
[6] are building dams in Pakistan where thousands
[7] of children are forced to die of thirst as a
[8] result of the Indians building dams?
[9] Did you think that was a little
[10] bizarre thinking?
[11]
[12]
[13]
[14]
[15]
[16]
[17]
[18]
[19] Q: Do you think she suffers from any
[20] grandiosity?
[21] A: I didn't really get too much of
[22] that. I know that she holds herself as an
[23] educated person, but I don't — I didn't get
[24] to the level that it would be a diagnostic
[25] criteria, no.

Page 106

Page 108

[1] **L. POWERS**
[2] A: I mean, I read a lot of things
[3] that she had written. I don't recall reading
[4] that, no.
[5]
[6]
[7]
[8]
[9]
[10] Q: Do you think it's a bizarre
[11] thought process that she thinks that one could
[12] develop a magnet to propel airline
[13] propellers?
[14]
[15] Q: Well, you can answer it, and the
[16] judge can rule.
[17] A: I don't know. I don't have a
[18] knowledge of — I don't know.
[19] Q: Did you think it was a little
[20] bizarre or did you — first, did you read
[21] about some of the — one part in her writing
[22] she talks about developing a virus that would
[23] attack — would not attack women and
[24] children?
[25] Did you think that — did you

[1] **L. POWERS**
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[22] MR. LAVIGNE: It's Government
[23] Exhibit HMED No. 170.
[24] A: I did read that, and I think it
[25] could be considered grandiose, but, at the

Page 109

L. POWERS

[1] same time, I believe that she does possess a
[2] certain amount of power because this is a high
[3] profile case. I don't believe she could
[4] actually call up Barack Obama and talk to him,
[5] but I do believe because it's a high profile
[6] she might be not really clear about how much
[7] power she does wield.

[8] Q: Did you see any other signs of
[9] grandiosity in her behavior or reports of
[10] grandiose behavior?

[11] A: No.

[12] I know that she — many of her
[13] talks to Dr. Kemke came through this letter to
[14] the warden. She felt like she had the ability
[15] to kind of bring about some peace, but she
[16] also — when she, for instance, was talking to
[17] Mr. McGee about this, she had highlighted
[18] several current events and was very specific
[19] about different things that she could do to
[20] help bring peace about, and I believe that she
[21] does feel like she kind of has some political
[22] pull in order to bring these about, because,
[23] as she stated, she can speak to the Taliban
[24] and be kind of a liaison.

Page 110

L. POWERS

[1] Q: If she has no ability to speak to
[2] Obama or the Taliban or bring about world
[3] peace, wouldn't you consider that a little
[4] delusional?
[5] A: Well, I think that if your
[6] average defendant was saying that, it would be
[7] very delusional. But because she is a high
[8] profile case and she was investigated as one
[9] of the top folks on the FBI list, I think that
[10] it's much less bizarre than you would expect
[11] from someone who is not.

[12] Q: One of the things — and I'm
[13] going to refer to Page 323 Bates stamped, I
[14] guess, Exhibit D, Bates stamped 323. She says
[15] — on the bottom of Page 8, she says: If we
[16] use magnets, this research could be used to
[17] attack enemies on gliders. Siddiqui did not
[18] think that the idea she noted in reference to
[19] airplanes and gliders were practical, but she
[20] talked about it anyway.

Page 111

L. POWERS

[1] Isn't that kind of a bizarre
[2] thing for a Ph.D. in neuroscience to consider
[3] as a possible?

[4] A: I don't think so.

[5] I think what's very clear about
[6] that is that she said she didn't think it was
[7] practical. Even she realized it was a little
[8] on the side of unusual.

[9] I'm not clear on aerospace and
[10] how magnets might effect — I'm not sure about
[11] that, but I wouldn't expect that that would be
[12] something that I would consider.

[13] Q: Dr. Siddiqui has been diagnosed
[14] by, I guess, you and Dr. Johnson and Dr.
[15] Satoff as malingering.

[16] Correct?

[17] A: Uh-huh.

[18] Q: When did you first think that Dr.
[19] Siddiqui was malingering?

[20] A: I started really considering that
[21] when I started receiving collateral evidence;
[22] her reports to the FBI that were not
[23] consistent, not consistent with some of the
[24] things that she's reporting to us; and she —

Page 112

L. POWERS

[1] her reports of the forced cell move was not
[2] consistent with the logs that I received.

[3] I viewed the videotape right
[4] towards the end, but I did get the logs of the
[5] forced cell move or the transcript. They were
[6] consistent with what I was reading there.
[7] And she — her reports of being
[8] awake all night long, when that wasn't at all
[9] a consideration. She definitely wasn't awake
[10] all night long.

[11] Her reports of seeing her
[12] children at night. She was not awake during
[13] those times. It was questionable to me that
[14] she would — that she missed her children
[15] desperately, and you would assume, as a mother
[16] I would assume, if someone was that
[17] traumatized by wondering where their kids are,
[18] they wouldn't request, then, that someone make
[19] sure they visit only during the day so that
[20] you could get sleep. That was odd. There
[21] were several odd things right in a row that
[22] happened.

[23] Another big issue for me was that
[24] someone that is a victim of political trauma

Page 113

L. POWERS

[1] you wouldn't expect would feel comfortable,
[2] especially if I'm trying to rule out PTSD,
[3] feel comfortable around military individuals,
[4] particularly military men, but, yet, Chris
[5] McGee, who is — who wears a Navy uniform
[6] every day and is an 04 or 05 in the military,
[7] she sought out routinely, which, you know, one
[8] of the hallmarks of PTSD is that someone tries
[9] to avoid situations that may make them relive
[10] the trauma.
[11] So, there were several things
[12] right in a row that made me really start
[13] questioning, probably in February, once I
[14] started receiving collateral evidence in
[15] January and February.
[16] Q: And, again, that's because you
[17] were only looking just to whether or not to
[18] rule out PTSD.
[19] Correct?
[20] A: Yes.
[21] Q: You were not looking at whether
[22] or not she was psychotic, as she had been
[23] diagnosed by Dr. Kemke.
[24] A: Yes.

Page 114

L. POWERS

[1] Q: Correct?
[2] A: Yes, I was —
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Page 115

L. POWERS

[1] (Record read)
[2] A: So, I'm not sure what you're
[3] asking me.
[4] MS. CARDI: What was the question
[5] before that, for context?
[6] (Record read)
[7] A: I'd say yes.
[8] Q: So, isn't it true that
[9] malingerers ordinarily make it very clear and
[10] tell everybody that they're mentally ill and
[11] are suffering from illness?
[12] A: No.
[13] Q: They don't?
[14] A: Absolutely not.
[15] Q: What do they do in regard to
[16] their mental illness?
[17] A: In my opinion, I've had several
[18] cases where the person came in as wanting to
[19] portray that they were not — they were
[20] verbalizing that they were not mentally ill,
[21] but, at the same time, through the testing and
[22] the different assessments that we do, were
[23] really endorsing a lot of mentally ill
[24] symptoms. At the same time saying I don't

Page 116

L. POWERS

[1] want to be mentally ill, when given tests of
[2] malingering, it was clear by the way they
[3] performed on these tests that they were, in
[4] fact, exaggerating or faking their symptoms.
[5] Q: Well, Dr. Siddiqui, you know, she
[6] says she's not mentally ill.
[7] Correct?
[8] A: Uh-huh.
[9]
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[13] Q: Did you observe — well, have you
[14] read anything that indicates that Dr. Siddiqui
[15] gets upset when she's referred to as mentally
[16] ill?
[17] A: I've heard her state that she was
[18] not mentally ill and I've read that in the
[19] record.
[20] Q: If she were truly malingering,
[21] wouldn't she want to be found mentally ill?
[22] A: What you're verbalizing is what
[23] you — how you — what you want a lot of times
[24] are two different things.
[25]

Page 117

L. POWERS

[1] What I found is it just depends
[2] on the level of sophistication of the
[3] malingerer. If I have a low functioning
[4] inmate, somebody who's mentally retarded,
[5] they're going to come in and act and want to
[6] be and they'll verbalize that they're mentally
[7] ill and they'll start out telling you right
[8] away.

[9] In my experience, folks that are
[10] more educated have a little bit more
[11] knowledge. And I would assume with Ms.
[12] Siddiqui's educational history in this
[13] specific topic she studied, she's very aware
[14] of what malingering assessments are, and are
[15] going to do just the opposite, which is
[16] actually more convincing and more difficult to
[17] discern.

[18] Q: What evidence do you have that
[19] Dr. Siddiqui is aware of what a malingering —
[20] what are the symptoms of malingering?

[21] A: I don't, I don't.

[22] Q: What evidence do you have that
[23] Dr. Siddiqui has ever read the DSM-III or -IV?

[24] A: I don't.

Page 118

L. POWERS

[1] Q: In your experience, people who
[2] malingering, do they tend to report
[3] hallucinations?

[4] A: They can, yes.

[5] Q: Auditory or visual?

[6] A: Both.

[7] Q: Would it be fair to say that Dr.
[8] Siddiqui, if she really wanted to malingering
[9] would have been more — withdrawn.

[10] Dr. Siddiqui reports periodically
[11] hearing her children, seeing her children, but
[12] she doesn't report it on a regular basis.

[13] Correct?

[14] A: Uh-huh, that's true.

[15] Q: Would it be fair to say that if
[16] she were malingering she would — you would
[17] expect that she would report this on a more
[18] frequent basis?

[19] A: No, not necessarily.

[20] I think in her case, it's more
[21] important for her to report it to key people
[22] than it is to report it on a consistent basis.

[23] Q: When you say key people, who do
[24] you mean?

Page 119

L. POWERS

[1] A: The people that she's identified
[2] are the most sympathetic with her, who are
[3] really not doing an evaluation.

[4] Q: But why wouldn't she report it to
[5] you?

[6] She knows you're doing an
[7] evaluation. It would be in her best interest
[8] to report it to you.

[9] No?

[10] A: She did report it to me.

[11] Q: But don't you think she would do
[12] it more frequently?

[13] A: She was refusing to talk to me.

[14] Q: That's what I'm saying. I mean,
[15] you're the person that's doing the evaluation.

[16] Right?

[17] A: Uh-huh.

[18] Q: So, you would be the one, I would
[19] think, that Dr. Siddiqui would want to
[20] convince that she was suffering from some
[21] mental disorder.

[22] Correct?

[23] A: (Witness nods)

[24] Q: Especially if she's malingering.

Page 120

L. POWERS

[1] A: That could be how it worked, it
[2] could not be. I'm not sure what she's
[3] thinking.

[4] But I know that she got plenty of
[5] face time for Dr. Kemke to put all of that in
[6] the notes.

[7] Q: Well, how do you explain the fact
[8] that she doesn't cooperate with you?

[9] A: She has consistently not
[10] cooperated with anybody that she thinks might
[11] have something to do with Court — that's what
[12] she said in the beginning — but I'm not sure.

[13] Q: As a person who's been diagnosed
[14] as a malingerer, one would expect that she
[15] would want to speak with you.

[16] Correct?

[17] A: That is generally how it goes,
[18] yes.

[19] Q: What attempts did you make during
[20] the time that Dr. Siddiqui was there to get
[21] her to talk to you?

[22] A: Many attempts.

[23] I would try to catch her in
[24] different places on the unit, thinking a

Page 121

L. POWERS

[1] different environment may be helpful. I tried
[2] pulling her aside in a treatment room on the
[3] unit. I tried letting her — what we call
[4] callout, which is an appointment, giving her
[5] an appointment to come see me in my office,
[6] and she has refused to come, after the initial
[7] report came out.

[8] Q: Did you ever attempt to have
[9] anybody sit in with you at any of the
[10] interviews with Dr. Siddiqui?

[11] A: She — no, not during my specific
[12] clinical interviews, no.

[13] Q: Is there a reason you didn't do
[14] that?

[15] A: It's just not normally something
[16] that I generally do as a practice.

[17] Q: If a patient had become paranoid
[18] and spoke to you as part of her paranoid
[19] delusions, would you consider using someone
[20] else to come in with you to interview that
[21] person?

[22] A: If I felt that that was a factor,
[23] I would even transfer the case. I mean, if
[24] they're not normally going to be speaking to

Page 122

L. POWERS

[1] me, I would transfer it to another
[2] psychologist, but another forensic
[3] psychologist. We have one other one, but she
[4] spoke to her one time and wouldn't speak to
[5] her either.

[6] Q: Did Dr. Gregg ever make any
[7] attempt to talk to Dr. Siddiqui?

[8] A: Yes, several times.

[9] Q: And how do you explain that in
[10] the context of her being a malingerer?

[11] A: I think that she was able to — I
[12] think that's the main context of her being a
[13] malingerer.

[14] The first thing that I — the
[15] first clue that I get that somebody is
[16] malingering is they say: I don't know. I
[17] don't want to talk to you. I can't talk to
[18] you.

[19] Thinking their inability to talk
[20] to me is going to somehow play a role in my
[21] report so that I will say that she's not able
[22] to communicate to the Court.

[23] Q: We've talked a little bit about
[24] her tangential thinking, okay?

Page 123

L. POWERS

[1] Would it be fair to say that it's
[2] really hard for malingerers to continue to
[3] think and then — to feign tangential
[4] thinking?
[5] A: No, not at all.
[6] Q: Why not?
[7] A: Tangential thinking is going from
[8] one topic to the other. I can sit here right
[9] now and go from one topic to the other but it
[10] doesn't mean that I'm mentally ill. I think
[11] that is actually very easy to do, and I've
[12] seen it many times.

[13] Q: But isn't it hard over a period
[14] of time to continue to feign tangential
[15] thinking on the same and similar topics as Dr.
[16] Siddiqui does?

[17] A: I don't think — it may be hard.
[18] I don't think it's impossible. Certainly not
[19] outside of the realm of something that can
[20] happen.

Page 124

L. POWERS

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[17] Q: In the event that somebody has
[18] exhibited tangential thinking, like Dr.
[19] Siddiqui has —

[20] A: Right.

[21] Q: Okay.
[22] — over a long period of time,
[23] how did you deal with that when you were
[24] coming — when you were doing your diagnosis
[25] of malingering?

Page 125

L. POWERS

(1)
(2) A: Very easily. Like I just said, I
(3) don't think it's impossible to feign
(4) tangential thinking. So, somebody feigning
(5) tangential thinking over time is not outside
(6) the realm of malingering. It could be that is
(7) the product of her malingering.
(8) Q: Is it common for somebody to
(9) exhibit tangential thinking over a period of
(10) time on the same or similar topics?
(11) A: Absolutely.
(12) I would not think that that — I
(13) would think that that would be the goal if you
(14) were going to do it on purpose.
(15) Q: Dr. Kemke's position is that —
(16) opinion is that — first of all, who is Dr.
(17) Kemke?
(18) A: Dr. Kemke is the staff
(19) psychiatrist for that unit.
(20) Q: And her duties and
(21) responsibilities is to treat Dr. Siddiqui.
(22) Correct?
(23) A: No.
(24) Q: No?
(25) A: She is not a treating physician

Page 126

L. POWERS

(1) for our 41B inmates.
(2) Q: Okay.
(3) A: Ms. Siddiqui did come in on an
(4) antidepressant, I believe, from MDC. So, Dr.
(5) Kemke was involved in that way, but she's not
(6) treating her.
(7) Q: Hasn't Dr. Kemke been one of the
(8) people who has been able to talk with Dr.
(9) Siddiqui the most?
(10) A: Yes.
(11) Q: And what do you attribute that
(12) to?
(13) A: Dr. Kemke has a different style
(14) than I have. Her style is much more collegial
(15) with Dr. Kemke, much more sympathetic, and
(16) mine is more of an evaluator role.
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Page 127

L. POWERS

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(12) Q: When Dr. Siddiqui was first
(13) admitted, it was Dr. Kemke's opinion that she
(14) was psychotic?
(15) A: When she was first admitted.
(16) Q: And it remains Dr. Kemke's
(17) opinion now that Dr. Siddiqui is grossly
(18) psychotic.
(19) Correct?
(20) A: It has changed over time, but I
(21) believe that is her current position.
(22) Q: And Dr. Kemke's opinion is that
(23) — are you familiar with the reasons Dr.
(24) Kemke gives for her opinion that Dr. Siddiqui
(25) is grossly psychotic?

Page 128

L. POWERS

(1) A: Is there a specific — something
(2) you're referring to?
(3) Q: I'm going to show you — I don't
(4) know what number this is.
(5) MS. CARDI: I can't read. I
(6) think this is October of —
(7) MR. LAVIGNE: It's October 3.
(8) MS. CARDI: I think it's October
(9) 3 of 2008. It's Bates stamped No. 46.
(10) Q: If you could read the second
(11) paragraph.
(12) A: The opinion is that there is a 99
(13) percent certainty she is psychotic. It is not
(14) clear what the etiology is, so the
(15) differential diagnosis includes all of the
(16) causes of psychosis, with the possible
(17) exception of substance abuse.
(18) Q: And have you discussed with Dr.
(19) Kemke or reviewed Dr. Kemke's notes to
(20) determine why Dr. Kemke holds this opinion?
(21) A: Yes, I have reviewed her notes.
(22) Q: And what is it that you
(23) understand is the reasons for Dr. Kemke having
(24) this opinion?
(25)

Page 129

L. POWERS

[1] A: Ms. Siddiqui's —
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[5] Q: From the very beginning to the
[6] present.
[7] A: It's changed.
[8] Q: Okay.
[9] Well, since October 3 of '08.
[10] A: It's changed since then.
[11] Q: Well, what did you think on
[12] October 3 of '08?
[13] A: She had only been there one day.
[14] Q: Right.
[15] A: So, on that first day?
[16] Q: Right.
[17] A: You cannot — I couldn't
[18] ethically diagnose somebody based on just
[19] their presentation after having spoke with
[20] them for fifteen minutes. It's really a
[21] working diagnosis at this point because you
[22] don't have enough evidence to rule anything
[23] out, so...
[24] Q: And Dr. Kemke's working
[25] diagnosis, it did continue to — it was her

Page 130

L. POWERS

[1] opinion that Dr. Siddiqui was suffering from
[2] psychosis.
[3] A: At that moment.
[4] Q: And how about throughout —
[5] A: No.
[6] Q: — Dr. Kemke's treatment of Dr.
[7] Siddiqui?
[8] A: No.
[9] It has changed over time.
[10] Q: What is her last diagnosis of Dr.
[11] Siddiqui — most recent diagnosis?
[12] A: I'm not sure what her diagnostic
[13] evaluation of Ms. Siddiqui is specifically,
[14] but I know that it involves psychotic
[15] symptoms.
[16] Q: If I were to tell you it is her
[17] opinion that Dr. Siddiqui suffers from
[18] psychosis, would that in any way change your
[19] opinion about Dr. Siddiqui's diagnosis and/or
[20] her competency to proceed?
[21] A: No.
[22] Q: Why not?
[23] A: Because Dr. Kemke is lacing
[24] that. I mean, her first report, she made that

Page 131

L. POWERS

[1] diagnostic note after having spoke with her
[2] for fifteen minutes. So, my — Dr. Kemke is a
[3] treating physician and not a treating
[4] physician in this case, she has not read any
[5] of the collateral evidence, spoken to any of
[6] the collateral witnesses, so I don't believe
[7] that she has all of the information necessary.
[8] Q: If you were to determine that Dr.
[9] Siddiqui presently holds that opinion that she
[10] is — sorry, that Dr. Kemke presently holds
[11] the opinion that Dr. Siddiqui is psychotic,
[12] would that change your opinion?
[13] A: No, absolutely not.
[14] Q: And why not?
[15] A: Because Dr. Kemke has wavered
[16] several times depending on who she's talking
[17] to, and she has — again, as I stated before,
[18] she's not read any of the collateral evidence,
[19] she's not spoken to any of the collateral
[20] witnesses, she's just observed Dr. Kemke — I
[21] mean, Ms. Siddiqui.
[22] Q: What collateral evidence do you
[23] think is critical to your determination not to
[24] consider Dr. Kemke's diagnosis of psychosis
[25]

Page 132

L. POWERS

[1] with Dr. Siddiqui?
[2] What collateral evidence are you
[3] referring to?
[4] A: I'm referring to all the
[5] collateral evidence that I've received; the
[6] logs from MDC, the use of force transcript and
[7] the video, the interviews with the people who
[8] brought her over from Bhadram, the interviews
[9] with her brother.
[10] But none of those have been
[11] reviewed by Dr. Kemke.
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Page 133

L. POWERS

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[5] Q: Okay.
[6] Dr. Siddiqui — Dr. Kemke bases
[7] her diagnosis of psychosis on certain symptoms
[8] and reports and observations and conversations
[9] that she's made with Dr. Siddiqui.

[10] Correct?

[11] A: Correct.

[12] Q: Okay.

[13] And you challenge that diagnosis
[14] because you've said that you've reviewed
[15] collateral evidence and you think that the
[16] collateral evidence contradicts such a
[17] diagnosis of psychosis.

[18] A: Correct.

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Page 134

L. POWERS

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[8] Q: You enumerated a list of issues
[9] in this hearing about whether or not Dr.
[10] Siddiqui was held captive, whether she was
[11] tortured, what happened to her children,
[12] whether or not she actually had sleep issues,
[13] whether or not she was paranoid, suffering
[14] from true paranoia. You challenge those.

[15] Correct?

[16] A: Right.

[17] Q: And in challenging those, that's
[18] why you have determined that your diagnosis is
[19] malingering.

[20] A: That is true.

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Page 135

L. POWERS

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[10] Q: Dr. Kemke finds Dr. Siddiqui to
[11] be psychotic, okay, that's her finding, that
[12] she's psychotic.

[13] A: Her latest finding.

[14] Q: Her latest finding. Okay.

[15] What pieces of evidence
[16] specifically do you think challenges that
[17] finding?

[18] A: That she's psychotic?

[19] Q: Yeah.

[20] A: As I've stated in my prior
[21] testimony, the fact that she has
[22] hallucinations, reports hallucinations, but
[23] reports those hallucinations when she's
[24] sleeping; the fact that she reports
[25] hallucinations but then wants the nurses to

Page 136

L. POWERS

[1]
[2] see if they can get her kids to come visit her
[3] during the day; the fact that she sees these
[4] — the dark angels and the use of force move
[5] as sort of being a delusional experience when
[6] that's not at all how she reports before or
[7] after.

[8] Those are the ones I can think of
[9] off the top of my head.

[10] Q: If all or any of those are not
[11] accurate, your interpretation is inaccurate,
[12] does that change your diagnosis of Dr.
[13] Siddiqui — Dr. Kemke's diagnosis of Dr.
[14] Siddiqui as psychotic?

[15]

[16]

[17] A: I can't answer that.

[18] Q: Okay.

[19] A: Because some of those things are
[20] factual based. I'm not sure how reading the
[21] log could change.

[22] Q: Many of the issues that you just
[23] raised are factually based.

[24] Correct?

[25] A: Yes.

Page 137

L. POWERS

- [1] Q: And we don't have any proof
[2] either way whether or not the facts upon which
[3] they are based are true or not.
[4] Correct?
[5] A: About her whereabouts when she
[6] was tortured?
[7] Q: Yes.
[8] Correct?
[9] A: Or if she was tortured.
[10] Yes, that is something we are not
[11] completely sure about even though there's some
[12] documents about it, but we don't have absolute
[13] proof for the entire years.
[14] Q: Okay.
[15] So, if — do you think that Dr.
[16] Kemke's diagnosis of psychosis is correct if,
[17] in fact, what has been reported by Dr.
[18] Siddiqui and reported by or suggested by other
[19] evidence indicates that she, in fact, was
[20] tortured or was held captive or was in fear of
[21] her life?
[22] A: No.
[23] Q: And explain why.
[24] A: I think that we would be looking

Page 138

L. POWERS

- [1] at a PTSD diagnosis. I think that that would
[2] be very significant. I originally did not
[3] diagnose her with schizophrenia or delusional
[4] disorder because she just simply did not meet
[5] the criteria for those.
[6] However, she did meet the
[7] criteria, in my opinion, at the time for major
[8] depressive disorder with psychotic features;
[9] however, now that I've had a longer period of
[10] time to observe her, I do not believe she
[11] meets the criteria for major depressive
[12] disorder congruent with psychotic features.
[13] Q: How many diagnoses have you made
[14] of malingering in your career thus far?
[15] A: Probably twenty, thirty.
[16]
[17]
[18]
[19] THE VIDEOGRAPHER: The time is
[20] now 3:21.
[21] Off the record.
[22] (Whereupon, Ms. Cardi and Mr.
[23] Edgar exited the room, and returned.)
[24] THE VIDEOGRAPHER: Time is now

Page 139

L. POWERS

- [1] 3:22.
[2] On the record.
[3] Q: Dr. Siddiqui — Dr. Powers, I
[4] think that you have said that there are
[5] conversations with Dr. Siddiqui where she has
[6] formulated her defense.
[7] Am I correct?
[8] A: (Witness nods)
[9] Q: Can you give me examples of what
[10] you're talking about?
[11] A: Yes.
[12] In my report —
[13] THE WITNESS: Can I get a copy of
[14] my report?
[15] MR. LAVIGNE: Sure.
[16] This is Government Exhibit C.
[17] There you go (handing).
[18] A: In my report, I noted —
[19] Q: If you could just give me the
[20] page, that would be great.
[21] A: Starting on Page 10, I talked
[22] about different conversations that I had noted
[23] that she had with her brother.
[24] Q: Just read for me. I'm on Page

Page 140

L. POWERS

- [1] 10. Just read for me where you're looking
[2] at.
[3] A: It's Page 8.
[4] Q: See, I'm looking at the wrong
[5] side. Sorry. Okay.
[6] A: Bottom.
[7] Q: You mean the August 29 entry?
[8] A: All of the entries that I quoted.
[9] Q: Where do you see her formulating
[10] a defense in these conversations?
[11] A: Talking about what kind of
[12] attorneys that she could use, her belief that
[13] she was not going to get a proper sentence
[14] because it was an international crime, and she
[15] was talking about different kinds of attorneys
[16] to get.
[17] Q: However, isn't it accurate that
[18] Dr. Siddiqui has refused to permit her family
[19] to hire even another attorney?
[20] A: I'm not sure about that. I don't
[21] know.
[22] Q: If you were to learn that she's
[23] refused to give them permission to hire
[24] another attorney, would that change your

Page 141

(1) **L. POWERS**
(2) opinion about your diagnosis of her
(3) competency?
(4) A: No, not just with that, no.
(5) Q: Would it be fair to say that if
(6) she's suffering from delusional disorder, if
(7) she is, that she could be completely rational
(8) and coherent and understand the role of a
(9) lawyer, the role of a judge, the role of a
(10) prosecutor, and still not be rational or
(11) competent or able to assist in her own
(12) defense?
(13) A: In general, somebody who has
(14) delusional disorder, that could be the case.
(15) Q: Okay.
(16)
(17)
(18)
(19)
(20)
(21)
(22)
(23)
(24)
(25) Q: Before you said that Dr. Kemke

Page 142

(1) **L. POWERS**
(2) was not Dr. Siddiqui's treating clinician.
(3) Could you just define what her —
(4) what she is, in your view?
(5) A: She's a psychiatrist for that
(6) unit for the studies and for the committed
(7) inmates who are on medication. All the
(8) inmates on that unit, with the exception of
(9) our forensic studies that are 41Bs and 42s are
(10) on medication. And some of our 41Bs and 42s
(11) are on medication.
(12) She's the treating psychiatrist
(13) if we have asked her to — if we conferred
(14) with her on the case and asked her to evaluate
(15) for medication.
(16) Q: And did — was that done in Dr.
(17) Siddiqui's case?
(18) A: In Dr. Siddiqui's case, she came
(19) in on an antidepressant, so that would
(20) automatically have Dr. Kemke evaluate her.
(21) But she stopped taking the antidepressant. I
(22) don't know, I think she might have taken it
(23) two or three times when she was there and has
(24) not taken them since.
(25) Q: So, what was Dr. Kemke's role

Page 143

(1) **L. POWERS**
(2) after she went off her antidepressant?
(3) A: I'm not sure.
(4) You'd have to ask her. I don't
(5) — normally, she doesn't have a role with
(6) those inmates, so I'm not sure what she viewed
(7) her role to be.
(8) Q: Did you use Dr. Kemke as a source
(9) of information when you were formulating your
(10) most recent report?
(11) A: I viewed her notes.
(12) Q: Did you speak with her personally
(13) about Ms. Siddiqui?
(14) A: I speak with her every day.
(15) She's in the morning team meeting
(16) that we go to.
(17) Q: I mean did you speak to her
(18) specifically about Dr. Siddiqui?
(19) A: I did not.
(20) MS. CARDI: I have no further
(21) questions.
(22) Thank you, Dr. Powers.
(23) MR. LAVIGNE: We can go off the
(24) record for five minutes.
(25) THE VIDEOGRAPHER: Time is now

Page 144

(1) **L. POWERS**
(2) 3:28. This marks the ending of Tape No.
(3) 2.
(4) Off the record.
(5) (Recess taken)
(6) THE VIDEOGRAPHER: Time is now
(7) 3:41 p.m. This marks the beginning of
(8) Tape No. 3.
(9) On the record.
(10) **EXAMINATION**
(11) **BY MR. LAVIGNE:**
(12) Q: Dr. Powers, who are you employed
(13) by?
(14) A: The Federal Bureau of Prisons.
(15) Q: Were you hired by the United
(16) States Attorney's Office to conduct an
(17) evaluation in this case?
(18) A: No.
(19) Q: Is the United States Attorney's
(20) Office paying for your flight and lodging —
(21) A: No.
(22) Q: — in connection with your
(23) appearance here today?
(24) A: No.
(25) Q: How do you view your role in the

Page 145

L. POWERS

- [1] — in this evaluation process of Ms. Siddiqui?
[2] A: I'm a neutral party, I am not
[3] hired by either side, and my role is just to
[4] look at the evidence and to evaluate the
[5] Defendant and to formulate an opinion for the
[6] Court.
[7] Q: Now, let's talk about the initial
[8] diagnosis that you gave.
[9] How much time were you given for
[10] that diagnosis?
[11] A: Thirty days.
[12] Q: And was Ms. Siddiqui — when did
[13] Ms. Siddiqui arrive at FMC Carswell?
[14] A: I don't remember the exact date.
[15] I think it was the second of October.
[16] Q: When Ms. Siddiqui arrived, was
[17] she expressing symptoms of mental illness?
[18] A: Yes.
[19] Q: And was Ms. Siddiqui during that
[20] first thirty-day period cooperative with your
[21] forensic evaluation?
[22] A: Not completely.
[23] She would talk to me a little
[24] bit, but very little, and would not
[25]

Page 146

L. POWERS

- [1] participate in any testing in the normal
[2] process that we normally would do when we're
[3] evaluating someone.
[4] Q: And at the time you made your
[5] initial report, did you have all of the — I
[6] believe what you refer to as collateral
[7] information as you do now?
[8] A: No.
[9] When I made my initial report, I
[10] think I had maybe a hundred documents. Now I
[11] have a couple thousand, I think.
[12] Q: Now, let's talk about what
[13] happened after you made that initial report.
[14] After you made that initial
[15] report, did you include — you received
[16] additional information?
[17] A: Yes.
[18] Q: And did that include documents
[19] from the MDC?
[20] A: Yes.
[21] Q: Being the Metropolitan Detention
[22] Center?
[23] A: Yes.
[24] Q: Did that include the use of force
[25]

Page 147

L. POWERS

- [1] video?
[2] A: That came much later, but yes.
[3] Q: And also documents of interviews
[4] of the Defendant.
[5] Is that right?
[6] A: Yes.
[7] Q: So, as of — as of the date of
[8] your second report, May 4, 2009, had you
[9] continued to be at — were you at FMC Carswell
[10] during that period, between the submission of
[11] your initial report and the submission of your
[12] second report?
[13] A: I was certainly employed by them,
[14] but I had to take medical leave for about a
[15] month and a half during that time, during
[16] February and March.
[17] Q: And other than that month and a
[18] half period, were you working at the
[19] institution?
[20] A: Yes.
[21] Q: And during the time you were at
[22] the institution, how often would you observe
[23] Ms. Siddiqui, approximately?
[24] A: Two or three times a week.
[25]

Page 148

L. POWERS

- [1] I was up on the unit every
[2] morning for team. And if she was on the unit
[3] lining up for lunch or out and about, I would
[4] see her and try to talk to her.
[5] Q: During that period, did you also
[6] speak with staff members about their
[7] observations of Ms. Siddiqui?
[8] A: Yes.
[9] Q: Now, generally speaking, how did
[10] Ms. Siddiqui's appearance the last time you
[11] saw her compare to her appearance the first
[12] time you saw her?
[13] A: There was a vast difference.
[14] Q: Tell us about that.
[15] A: When I first saw her, she was
[16] very tearful, she had a very negative affect,
[17] meaning she was — her facial expressions, her
[18] body language during the time I first saw her
[19] at R&D was very indicative of someone who may
[20] be suffering from depression. She was upset.
[21] By the time she left, she was
[22] frequently noted to be laughing; I saw her
[23] laughing on the unit. She would engage in
[24] conversations with staff, engage in
[25]

Page 149

L. POWERS

[1] conversations with other inmates. She still
[2] isolated herself to some extent, but when she
[3] was in contact with other people she was much
[4] more social than she was when she first
[5] arrived.

[6] Q: Now, when Ms. Siddiqui first
[7] arrived at FMC Carswell — let me back it up.

[8] Are there different units at
[9] Carswell for federal prisoners?

[10] A: Yes.

[11] Q: And are those units M1, M2, and
[12] M3?

[13] A: Yes, they are.

[14] Q: What's M1?
[15] What type of unit is that?

[16] A: M1 is an inpatient — it's a
[17] locked unit, but it is — you know, FMC
[18] Carswell is an Air Force hospital, it's an old
[19] Air Force hospital we built on to. And,
[20] basically, the entire unit she was on — the
[21] entire part of her unit was just what you'd
[22] see when you go into a hospital.

[23] Q: So, did she have a cell?

[24] A: No, she had a hospital room.

Page 150

L. POWERS

[1] Q: And was the room locked from the
[2] outside?

[3] A: No.

[4] Q: So, she could come and go —

[5] A: It was never locked. There was
[6] no locks on the outside of the door.

[7] Q: So, Ms. Siddiqui could come and
[8] go from her room?

[9] A: Yes.

[10] Q: Now, at FMC Carswell, are there
[11] strip searches?

[12] A: Yes.

[13] Q: Do you remember the first time
[14] Ms. Siddiqui was strip searched?

[15] A: Yes.

[16] Q: When was that?

[17] A: It was when she first arrived at
[18] R&D, receiving and discharge area, to be
[19] admitted.

[20] Q: And I think you talked a little
[21] bit about that on your cross-examination.

[22] During the course of that strip
[23] search, was an accommodation reached?

[24] A: Yes.

Page 151

L. POWERS

[1] Q: Tell us about that.
[2] A: It took about an hour to convince

[3] her that, you know, she needed to do this in
[4] order to be admitted, that this is a process
[5] she was going to have to go through one way or
[6] the other. But she was trying to negotiate
[7] how she would be strip searched and said that
[8] she would just remove a piece of clothing and
[9] then put that back on and remove another piece
[10] of clothing and then put that back on.

[11] The officers who were there to
[12] conduct the strip searches for all the inmates
[13] that come in said no, that she's going to have
[14] to do it like everyone else and do a regular
[15] strip search. Once it was determined that
[16] there was no way around it, she submitted to
[17] the strip search without — without any
[18] fanfare and went in the room.

[19] It has a half-wall, so I could
[20] see her head and the head of the officer, and
[21] didn't seem to be very much fanfare associated
[22] with it, and she came right out afterwards.

[23] Q: Now, during your time — during
[24] the period of time in which you observed Ms.

Page 152

L. POWERS

[1] Siddiqui, did you ever see her or hear her
[2] claim to hallucinate?

[3] A: Yes.

[4] Q: And what types of hallucinations
[5] was she claiming she had?

[6] A: Really, the only hallucination
[7] that she reported at FMC Carswell is the
[8] report of seeing her children.

[9] Q: And based on your evaluation in
[10] this case and your professional opinion, do
[11] you believe that she was, in fact,
[12] hallucinating?

[13] A: During the first report I did
[14] because I didn't have any kind of evidence to
[15] show otherwise; I only had her self-report.

[16] But over time, no, I don't
[17] believe that she was hallucinating. I think
[18] that she was saying that she was seeing her
[19] children at night, but, yet, the nursing staff
[20] was reporting to me during the day that she
[21] was sleeping fine.

[22] She didn't display this kind of
[23] behavior during the day, it was only when no
[24] one was watching her. And then her reports of

Page 153

L. POWERS

[1] it were to only specific people.
[2] **Q:** And the extent of the
[3] hallucinations that she's reported, have they
[4] varied at all in frequency from the time she
[5] came to Carswell to the time she left?
[6] **A:** I don't believe that she's
[7] reporting them as frequently when she left.
[8] The only person that she
[9] continued to speak to with any degree was Dr.
[10] Kemke, and I don't think she was reporting
[11] those any longer when she left.
[12] **Q:** And when you were at — during
[13] your time at Carswell, do you ever recall an
[14] incident — I believe you testified about this
[15] on cross-examination — where at one point,
[16] Ms. Siddiqui claimed she could not read?
[17] **A:** Yes, she claimed that from the
[18] time she got there.
[19] And when they come in R&D, they
[20] have a packet of things that they must read,
[21] and it's, you know, confidentiality issues,
[22] some issues about the rules and things like
[23] that that they must read and sign saying that
[24] they understood them. She told me then and

Page 154

L. POWERS

[1] told the other officers there that she could
[2] not read them.
[3] **Q:** After that incident, did you
[4] observe Ms. Siddiqui doing what appeared to be
[5] reading?
[6] **A:** Yes.
[7] **Q:** On how many different occasions?
[8] **A:** Several times.
[9] **Q:** What would you see her doing?
[10] **A:** She was reading the Koran. I
[11] observed her to be reading the Koran to
[12] another inmate.
[13] And those were my observations of
[14] her, but then Mr. McGee had reported that she
[15] had read a newspaper and kind of outlined some
[16] parts of the newspaper that were noteworthy so
[17] she could talk to him about it.
[18] **Q:** I believe on cross-examination
[19] you were shown a handwritten letter that Ms.
[20] Siddiqui wrote to the warden.
[21] **A:** Uh-huh.
[22] **Q:** Were her claims of not being able
[23] to read, did those occur before Ms. Siddiqui
[24] wrote the letter?

Page 155

L. POWERS

[1] **A:** Yes.
[2] **Q:** Now, you mentioned another inmate
[3] that Ms. Siddiqui — I believe you just
[4] referenced another inmate during the course of
[5] your answer.
[6] **A:** I did.
[7] **Q:** Tell us a little bit about Ms.
[8] Siddiqui's relationship with that other
[9] inmate.
[10] **MS. CARDI:** I'm going to object.
[11] Outside the scope of my cross-
[12] examination.
[13] **MR. LAVIGNE:** Your cross-
[14] examination dealt with Dr. Powers'
[15] evaluation and her reasons for finding
[16] that Ms. Siddiqui was competent.
[17] This is one piece that is
[18] certainly relevant, so I believe it's
[19] within the scope.
[20] **MS. CARDI:** Okay, I'm just —
[21] **MR. LAVIGNE:** I understand.
[22] **MS. CARDI:** I continue to have an
[23] objection.
[24] **Q:** You can answer the question.

Page 156

L. POWERS

[1] **A:** Her relationship — what was the
[2] question?
[3] **Q:** Okay.
[4] Tell us about Ms. Siddiqui's
[5] relationship with this other inmate, to your
[6] knowledge.
[7] **A:** Okay.
[8] To my knowledge, she was asked by
[9] the religious staff to mentor this inmate.
[10] This other inmate has a diagnosis of mental
[11] retardation, very low functioning, and was
[12] asked to sort of mentor her because this
[13] inmate had expressed an interest in the Muslim
[14] religion.
[15] This inmate has also expressed an
[16] interest in every religion — in many
[17] religions there over the time; she's been a
[18] Wicken, Pentecostal, whatever. But at this
[19] point, she expressed an interest in the Muslim
[20] religion, so Ms. Siddiqui was asked to mentor
[21] her.
[22] Ms. Siddiqui was noted to — and
[23] I saw her — reading to this inmate. She was
[24] helping her tie her headpiece on in the

Page 157

L. POWERS

[1] correct way.
[2] I'm not sure what the name of the
[3] headpiece is, but...
[4] MS. CARDI: Hijab?
[5] Q: Yeah, when you say — the hijab?
[6] A: Yes.
[7] Q: Something that's worn by Muslim
[8] women?
[9] A: Yes.
[10] Ms. Siddiqui wore one the entire
[11] time that she was there. I've never seen her
[12] without it with the exception of the first
[13] strip search.
[14] Q: Uh-huh.
[15] And was Ms. Siddiqui — did you
[16] hear Ms. Siddiqui reading to this individual?
[17] A: Yes, I did.
[18] Q: When other staff members reported
[19] this to you, did they indicate they heard Ms.
[20] Siddiqui —
[21] A: Yes, they did.
[22] Q: — reading to this inmate?
[23] A: Yes.
[24] Q: And what was she reading?

Page 158

L. POWERS

[1] A: The Koran, the Koran.
[2] Q: Now, how long did that —
[3] approximately how long did that relationship
[4] last?
[5] A: About two to three weeks.
[6] And she was asked to stop
[7] mentoring this person.
[8] Q: How did Ms. Siddiqui — who asked
[9] — was Ms. Siddiqui asked by a specific
[10] person? By a group of people?
[11] A: I believe that initially she
[12] might have been asked by the religious
[13] services to stop because of concerns that had
[14] been expressed.
[15] But Dr. Kemke had went to discuss
[16] this with her — and this was in Dr. Kemke's
[17] notes — and had expressed to her that the
[18] team decided that she should not mentor this
[19] person because everyone was concerned because
[20] she might be a terrorist.
[21] Q: How did Ms. Siddiqui react to
[22] that?
[23] A: She was upset by that.
[24] Q: And what did she said?

Page 159

L. POWERS

[1] A: I don't recall specifically, but
[2] the content of what she said was that, you
[3] know, she wasn't going to harm this person and
[4] she wasn't a terrorist.
[5] Q: During your observations of Ms.
[6] Siddiqui, how has her grooming been?
[7] How has her physical appearance
[8] been?
[9] A: Excellent.
[10] She was noted from day one to —
[11] not from day one, but from the first week when
[12] she was first placed on the M1 unit, one of
[13] her major concerns that she was focussed on
[14] was getting a razor. And razors are not
[15] allowed on the M1 unit for obvious reasons;
[16] they're some very, generally, pretty mentally
[17] challenged individuals who are suicidal, could
[18] be suicidal. But she was very insistent of
[19] getting the razor, so this was a topic of
[20] conversation about how she could do this.
[21] She was also frequently observed
[22] to be cleaning her room, and she kept a very
[23] clean room.
[24] Q: Did you personally observe that?

Page 160

L. POWERS

[1] A: Yes.
[2] Q: That her room was clean?
[3] A: Yes, on many occasions.
[4] Q: What about body odor?
[5] A: Never.
[6] I never noticed her having a body
[7] order or any bad breath or anything that would
[8] be indicative of someone with severe hygienic
[9] problems.
[10] Q: Tell me how these factors,
[11] concentration, grooming, reading, writing, how
[12] do they factor into a determination of
[13] somebody's competence to stand trial?
[14] A: Well, you would assume that, you
[15] know, competency would require someone to be
[16] able to concentrate, so that's important.
[17] And her self-care, her ability to
[18] clean her room all indicate that she is kind
[19] of goal-oriented, future-oriented, and it
[20] could play a role in looking at — you could
[21] extrapolate to that behavior in hopes that she
[22] could be goal-oriented with her attorney.
[23] Q: Now, in terms of Ms. Siddiqui's
[24] writing, have you observed Ms. Siddiqui write

Page 161

L. POWERS

(1) anything?
(2) anything?
(3) A: No, I haven't personally observed
(4) her write anything.
(5) Q: Have you ever spoken with her or
(6) heard her speak about her ability to write?
(7) A: I've heard her say she can't
(8) write.
(9) Q: When was that?
(10) A: When she first arrived, she said
(11) she couldn't write. But then by the time of
(12) the first treatment team meeting, she said she
(13) couldn't write with her dominant hand, she had
(14) to write with her left hand.
(15) Q: And approximately when was that?
(16) A: It would have been within a
(17) couple weeks after she arrived, so sometime in
(18) October, the end of October.
(19) Q: Was that before Ms. Siddiqui
(20) wrote that letter to the warden?
(21) A: Yes.
(22) Q: Now, generally speaking, in a
(23) forensic psychiatric — or I'll just say in
(24) the forensic psychological evaluation setting,
(25) in deciding whether individuals are competent

Page 162

L. POWERS

(1) or not competent to stand trial, are there
(2) specific tests that can be done?
(3) A: Yes.
(4) Q: What are some of those tests?
(5) A: We generally, at our institution,
(6) and pretty standard across the forensic board,
(7) will give a intelligence test just to assess
(8) whether they're intelligent enough to assess
(9) — to assist their attorney.
(10) We would also give personality
(11) tests that would give us some idea of how they
(12) view the world, and that might play a role in
(13) their inability or ability to assist their
(14) attorney. Those are usually the MMPI, the PAI
(15) or the MCMI.
(16) And also give some kind of
(17) competency assessment. We often give the
(18) Georgia Court Competency Test or the Exner
(19) Competency Test. Those things are — just
(20) kind of give us an idea of what they
(21) understand as first rational and factual
(22) understanding.
(23) Then, depending on the specific
(24) case, we may give more tests depending on what
(25)

Page 163

L. POWERS

(1) our working diagnosis is and ruling things out
(2) or kind of confirming a working diagnosis.
(3) Q: Now, during the time Ms. Siddiqui
(4) was at Carswell, did she ever consent to
(5) psychological testing or to any of these
(6) tests?
(7) A: No.
(8) Q: How many times did you attempt to
(9) administer these types of tests?
(10) A: I don't have a specific number,
(11) but I asked her about it on numerous
(12) occasions.
(13) Q: Numerous occasions meaning?
(14) A: Fifteen times, maybe.
(15) Q: And how would Ms. Siddiqui
(16) respond to these attempts?
(17) A: No, absolutely not.
(18) Q: And when she responded in that
(19) way, what was her demeanor?
(20) A: It wasn't really noteworthy in
(21) that she didn't seem to have major depression
(22) surrounding it or anything like that, but she
(23) was just very curt about it. I'm not
(24) participating.
(25)

Page 164

L. POWERS

(1) Q: To your knowledge, has she
(2) consented to psychological testing by anyone?
(3) A: I don't recall that she has.
(4) I've never read that or seen any evidence to
(5) that.
(6) Q: Now, you were asked the various
(7) questions on cross-examination about Ms.
(8) Siddiqui's sleeping habits.
(9) It's fair to say you're not at
(10) the institution in the evenings.
(11) Is that right?
(12) A: Right.
(13) Q: But you indicated you asked
(14) certain staff members to observe Ms.
(15) Siddiqui.
(16) A: Yes.
(17) Q: What was the reason for that?
(18) A: Because — a couple of reasons.
(19) Number one, as I stated in my
(20) prior testimony, sleep is important for a
(21) couple of different diagnoses and it's a
(22) criteria that should be looked at to rule in
(23) and rule out different diagnoses. But, also
(24) she was reporting seeing her children at night
(25)

Page 165

L. POWERS

[1] and she's also reporting that she's having
[2] difficulty sleeping.
[3] So, based on those things, I
[4] asked the nurses — the nurses always do
[5] rounds every thirty minutes, but I asked them
[6] to be especially vigilant about noticing her,
[7] what she's doing, if she's awake, and
[8] reporting it back to me the next morning.
[9] Q: And this went on for about how
[10] long, about how many months?
[11] A: It's hard to say because I was
[12] gone for that, but two months.
[13] Q: What, did they — did the nurses
[14] start doing this before you went on medical
[15] leave?
[16] A: Yes.
[17] Q: So, before February of 2009?
[18] A: Yes.
[19] Q: Okay.
[20] A: And then once I got back from
[21] medical leave, I again reminded them at team
[22] to please be extra vigilant about noticing
[23] that, and they did.
[24] Q: The team meetings would be each

Page 166

L. POWERS

[1] morning?
[2] A: Uh-huh.
[3] Q: And you would have a chance to
[4] confer with the nurses who were there the
[5] night before?
[6] A: Yes — well, they give a passdown
[7] to the nurses that are that shift. The
[8] nurses' shifts are seven to seven.
[9] Q: Over time, how did Ms. Siddiqui's
[10] relationship with you evolve?
[11] A: Well, it started out that she
[12] talked to me a little bit. Never to any great
[13] extent, but she would talk to me a little.
[14] After I submitted the first
[15] report, she — I went to talk to her about
[16] what the report findings were, she said she'd
[17] already heard from her brother and did not
[18] want to talk to me. After that, she started
[19] politely refusing to talk to me at all.
[20] Once Dr. Johnson came —
[21] Q: Are you referring to Dr. Sally
[22] Johnson?
[23] A: Yes, I am.
[24] — she refused to speak to me

Page 167

L. POWERS

[1] rather strongly.
[2] Q: And what were some of the things
[3] she said to you about that, about Dr.
[4] Johnson's visit?
[5] A: She specifically, the day that
[6] Dr. Johnson came in — is that what you're
[7] referring to?
[8] Q: Yes.
[9] A: Dr. Johnson had interviewed her,
[10] I believe, the first day, and she wouldn't
[11] speak with her.
[12] And then the second day, we were
[13] having treatment team meeting in the morning,
[14] and Ms. Siddiqui came in and sat down in the
[15] middle of the floor in the room that we were
[16] having treatment team meeting in and was
[17] refusing to talk to Dr. Johnson, had her
[18] fingers in her ears.
[19] Then she looked at me and said:
[20] When I asked you to leave me alone, Dr.
[21] Powers, you walk away. Would you please tell
[22] her to walk away? She's not walking away.
[23] And I said — that was the first
[24] time I had ever been very curt with her. I

Page 168

L. POWERS

[1] said: Ms. Siddiqui, you are out of bounds
[2] right now. You need to go to your room.
[3] And she ended up going to her
[4] room. But that was, in my mind, a turning
[5] point. After that point, she wasn't even
[6] polite in refusing to talk to me.
[7] Q: And during the course of your
[8] observations of Ms. Siddiqui, your
[9] conversations with staff about their
[10] observations of Ms. Siddiqui, what about her
[11] appetite?
[12] What have you learned about her
[13] appetite or her eating habits?
[14] A: When she first arrived, there was
[15] some question about her appetite, I guess. It
[16] had been Ramadan here at MDC and her appetite
[17] wasn't — they were concerned about it.
[18] When she arrived at Carswell,
[19] there were also some concerns because she was
[20] not wanting the common fare tray. But once
[21] all that was resolved and she was able to go
[22] downstairs on the unit, she was noted to be
[23] eating, but she also ordered commissary with a
[24] lot of food items.

Page 169

L. POWERS

- [1] Q: Now, are there certain staff
[2] members that Ms. Siddiqui interacts with more
[3] than others?
[4] A: Yes.
[5] Q: Who are the staff workers that
[6] Ms. Siddiqui gravitates to?
[7] A: There are basically — I think
[8] over time it has ended up being two.
[9] Over time, she has attempted to
[10] talk to some people, requested some of the
[11] psychologists by name to come up to her unit,
[12] talk to her, but then wouldn't speak to them
[13] again after that.
[14] So, over time, it has been two
[15] individuals. Chris McGee, who is, as I said
[16] in my earlier testimony, he's a social worker
[17] there, but he is a PHS officer, I believe he's
[18] an O5, he could be an O4 — not in the
[19] military — and wears a military uniform.
[20] And then Dr. Kim Keith, a
[21] psychiatrist.
[22] Q: How is the relation — Mr. McGee
[23] walks around in a military uniform?
[24] A: Yes, he does.
[25]

Page 170

L. POWERS

- [1] Q: How is her relationship, then,
[2] with — how has Ms. Siddiqui's relationship
[3] been with Mr. McGee, from your perspective?
[4] A: It's been very positive.
[5] She solicits him to help her with
[6] numerous things, beginning when she arrived
[7] with advance directives that she had asked him
[8] to help her with.
[9] And I've noted her to be laughing
[10] with him and joking with him. She's a totally
[11] different person around him than she is around
[12] other people.
[13] Q: Have you seen Ms. Siddiqui laugh?
[14] A: Yes.
[15] Q: How often, generally speaking?
[16] A: I've seen her laugh. I don't
[17] know. I don't have any idea.
[18] It's not an everyday occurrence,
[19] but there are certain people who she has a
[20] greater tendency to laugh around.
[21] Q: Are those other inmates?
[22] A: Generally, no, they're more
[23] likely to be staff.
[24] Q: Have you conferred with other
[25]

Page 171

L. POWERS

- [1] staff members about Ms. Siddiqui's demeanor
[2] during her time at Carswell?
[3] A: Yes.
[4]
[5]
[6]
[7]
[8]
[9]
[10]
[11]
[12] Q: Have you spoke with any staff
[13] members who have observed Ms. Siddiqui to be
[14] laughing?
[15] A: Yes, I have.
[16] Q: Do you recall any of those staff
[17] members' names?
[18] A: Chris McGee.
[19] Q: Okay.
[20] Anybody else?
[21] A: One of the correctional officers,
[22] but I do not recall his name.
[23] Q: At some point, doctor, in your
[24] report, I believe you made reference — let me
[25]

Page 172

L. POWERS

- [1] withdraw that.
[2] During your observation of Ms.
[3] Siddiqui during the time that Ms. Siddiqui has
[4] been at Carswell, has the issue of an insanity
[5] defense come up at all with regard to her?
[6] A: The only time that it's come up
[7] with her is when she was — she made reference
[8] to — and I just read it in Kicharski's
[9] report, I did not — I have not read any data
[10] about it, but I guess in Kicharski's report
[11] she had made reference to a staff member that
[12] was known to be on psychotropic medication and
[13] could, therefore, plead insane and get the
[14] insanity defense if he hurt her.
[15] Q: And that was in Dr. Kicharski's
[16] report?
[17] A: Yes.
[18] Q: You were asked on cross-
[19] examination a handful of questions about
[20] delusional disorder.
[21] Do you believe Ms. Siddiqui is
[22] suffering from a delusional disorder?
[23] A: No, I do not.
[24] Q: And why is that?
[25]

Page 173

L. POWERS

(1) A: She just doesn't exhibit the
(2) hallmarks of a delusional disorder.
(3) I think the things that she is
(4) exhibiting that are unusual compared to what I
(5) would normally see could be explained in light
(6) of her being from a different country, being
(7) held as a prisoner awaiting a very high
(8) profile case.

(9) I also believe that some of the
(10) things that she is expressing she expresses in
(11) an effort to further her political views.

(12) Q: And you were also asked about
(13) posttraumatic stress disorder.

(14) Do you believe she, Ms. Siddiqui,
(15) meets the criteria for posttraumatic stress
(16) disorder?

(17) A: The first essential component of
(18) posttraumatic stress disorder is that there
(19) must be a significant trauma that would cause
(20) this. I haven't seen a great deal of evidence
(21) that shows that she exhibits the symptoms or
(22) has exhibited — has experienced a trauma that
(23) would be to that magnitude.

(24) If it were to come to light that

Page 174

L. POWERS

(1) she was held captive for all of those years,
(2) some of her symptoms could be explained in
(3) light of that when she first arrived at the
(4) institution.

(5) Q: And based on your firsthand
(6) observations of Ms. Siddiqui, is her behavior
(7) consistent with that of someone who has
(8) endured trauma?

(9) A: No, not at all.

(10) Q: Why is that?

(11) A: Number one is I would expect
(12) someone who has experienced political captive
(13) trauma would have some leering of people who
(14) resembled those who held her captive. The
(15) fact that she gravitates to Chris McGee, who
(16) wears a uniform, is a high ranking officer,
(17) and makes me question why she picks him.

(18) One of the diagnostic criteria of
(19) PTSD is that you avoid things that may
(20) resemble the trauma that you experienced.

(21) Q: And you also testified about your
(22) viewing of the — what I'm going to call or
(23) refer to as the use of force video
(24)

(25)

Page 175

L. POWERS

(1) What did you take away from your
(2) viewing of that video?
(3) Based on your professional
(4) opinion, was Ms. Siddiqui in that video
(5) exhibiting symptoms of trauma or somebody
(6) who's reliving a traumatic experience?

(7) A: No, not at all.
(8) She was very angry in that video,
(9) she was yelling obscenities, she was demanding
(10) things from other people, demanding that there
(11) be cameras, demanding that they give her their
(12) names because she's going to sue them. Very
(13) much in control despite being restricted.

(14) Q: Based on your view of that video,
(15) you used the word control.
(16) Can you expand upon that a little
(17) bit?
(18) A: Yeah.

(19) I think that someone who — like
(20) I said in my earlier testimony, I've seen many
(21) use of force procedures. And, generally, the
(22) person who is undergoing the procedure is

Page 176

L. POWERS

(1) upset; they're being forced to do something
(2) they don't want to do. But it doesn't involve
(3) them making demands: You better give me your
(4) number. I'm going to sue you.

(5) And, also, using the camera as a
(6) tool to talk about political beliefs. She, I
(7) think at the end of the use of force, she
(8) really got into a, really, string of
(9) conversations about her belief about Americans
(10) and what they're doing here and mistreating
(11) her.

(12) Q: You were asked on cross-
(13) examination about tangential thinking.

(14) What evidence have you seen of
(15) tangential thinking within the last two or
(16) three months?

(17) A: I personally, I have not spoken
(18) with her. She will not speak with me. When
(19) she does refuse to speak with me, it's very
(20) direct.

(21) So, I personally have not seen
(22) any tangential thinking. The only tangential
(23) thinking that's been reported to me — and
(24) that's from the nurses and the other staff who
(25)

Page 177

L. POWERS

[1] interact with her — are Dr. Kemke's report
[2] and Mr. McGee has reported some tangential
[3] thinking as well.

[4] Q: And you indicated that, you know,
[5] it is — tangential thinking is something
[6] that's possible to malingering.

[7] A: Yes.

[8] Q: Expand upon that a little bit.
[9] In your experience, have you seen
[10] individuals who are able to malingering that
[11] symptom?

[12] A: Yes, absolutely.
[13] Jumping from one topic to another
[14] is not that difficult to do. Usually when I
[15] see someone who's malingering that,
[16] malingering tests can flush it out.

[17] In this case, that wasn't an
[18] option.

[19] Q: Why was it not an option?

[20] A: Because she refused to submit to
[21] any tests.

[22] Q: You've listened to phone calls of
[23] Ms. Siddiqui.

[24] Correct?

Page 178

L. POWERS

[1] A: Yes.

[2] Q: Up until recently?

[3] Do you know the most recent phone
[4] call you've listened to?

[5] A: No, it's been a while. I haven't
[6] listened to any since my report, I know.

[7] Q: So, since — you haven't listened
[8] to any since May 2009.

[9] Is that —

[10] A: Correct.

[11] Q: — fair to say?

[12] A: I'd say April.

[13] Q: Okay, April.

[14] What did you take away from
[15] hearing those phone calls?

[16] When you listen to Ms. Siddiqui
[17] communicate with her brother, for example, in
[18] your opinion, what did that show?

[19] A: She was able to communicate to
[20] her brother in a fairly logical way from the
[21] conversations that I reviewed toward the end.

[22] She did exhibit some thinking
[23] what was kind of jumping from topic — one
[24] topic to another, but she was also trying to

Page 179

L. POWERS

[1] talk about political issues, and that really
[2] wasn't that unusual for her.

[3] Q: And you also indicated that Dr.
[4] Kemke's opinion has — well, you also indicate
[5] on cross-examination you've spoken with Dr.
[6] Kemke about this case.

[7] Is that right?

[8] A: Uh-huh.

[9] Q: Have you also read certain of her
[10] notes?

[11] A: Yes, I have read her notes.

[12] Q: Now, I believe you indicated on
[13] cross-examination that Dr. Kemke's opinion has
[14] not been the same throughout the time Ms.
[15] Siddiqui came to Carswell to the time that she
[16] left.

[17] A: Uh-huh.

[18] Q: Can you tell us about how Dr.
[19] Kemke has — how her opinion has changed?

[20] A: Yeah.

[21] Dr. Kemke in the beginning was,
[22] as I was, really focussed on the reports that
[23] I was getting and I was passing along to her
[24] that she may have been a victim of torture.

Page 180

L. POWERS

[1] When Sally Johnson and Mr. Satoff
[2] — Dr. Satoff came to do the evaluation, they
[3] explained to Dr. Kemke that there was more
[4] collateral that she didn't know and I think
[5] went into detail on some of the collateral
[6] stuff.

[7] And Dr. Kemke said she wasn't
[8] aware of all that, and had she known that it
[9] would have changed her diagnosis — her
[10] working diagnosis. She never officially —
[11] she'd make notes in the file but never
[12] officially, I don't think, had any avenue with
[13] which to diagnose her.

[14] Q: Is Dr. Kemke a forensic
[15] psychologist or —

[16] A: No, she is not.

[17] Q: — forensic psychiatrist?

[18] A: No, she is not.

[19] Q: What's the difference between a
[20] — I'll withdraw that question.

[21] You were retained — you were
[22] tasked by the Court to opine on whether or not
[23] Ms. Siddiqui was competent to stand trial.

[24] A: Yes.

Page 181

L. POWERS

[1] Q: I just want to ask you a couple
[2] of kind of broad questions here.
[3] Can somebody be mentally ill or
[4] have a mental disorder and still be competent?
[5] A: Absolutely.
[6] Q: And your opinion is that Ms.
[7] Siddiqui is competent to stand trial.
[8] A: That is my opinion, yes.
[9] Q: And is that contingent upon
[10] whether or not she does suffer from a mental
[11] disorder?
[12] A: Based on the presentation that
[13] she showed to me in the window with which I
[14] had to evaluate her, I believe that she is
[15] competent to stand trial. Regardless of if we
[16] find out one way or the other what happened to
[17] her, where she's been the last few years,
[18] she's still competent to stand trial, in my
[19] opinion.
[20] Q: What is your opinion based on?
[21] A: It's based on the idea — I mean,
[22] opinions on competency are based upon the
[23] Dusky Standard, which is, you know, factual
[24] and rational understanding of the court

Page 182

L. POWERS

[1] process and the ability to assist their
[2] defense.
[3] Q: Is there any specific fact, in
[4] your view, that can change the calculus as to
[5] whether Ms. Siddiqui is competent or not
[6] competent?
[7] A: I'm not sure what you're asking.
[8] Q: Let me rephrase that.
[9] Is your opinion of Ms. Siddiqui's
[10] competence, is that based upon a variety of
[11] different factors or just one specific thing?
[12] A: Based on a variety of factors.
[13] Q: And can you just give us a
[14] general summary of why you believe Ms.
[15] Siddiqui is competent to stand trial?
[16] A: She certainly possesses the
[17] rational and factual understanding of her
[18] case. She possesses the intelligence; she
[19] doesn't suffer from a mental disease of defect
[20] that would inhibit her from having an
[21] understanding of — the rational and factual
[22] understanding of her case. And she's also
[23] demonstrated that she has a knowledge of her
[24] court proceedings.
[25]

Page 183

L. POWERS

[1] Her ability to assist her
[2] attorney has not been a concern as much as her
[3] willingness to assist her attorney. She has
[4] continued to refuse to do that based on — for
[5] a variety of reasons, from the religious
[6] affiliation of her attorney to the strip
[7] searches. But she certainly — my opinion is
[8] that she possesses the ability to assist her
[9] attorney.
[10] Q: So, is it fair to say that in
[11] your professional opinion, her refusal to
[12] assist or consult with her attorneys is due to
[13] a conscious choice?
[14] A: It's volitional, yes.
[15] MR. LAVIGNE: I have no further
[16] questions.
[17]
[18]
[19]
[20]
[21]
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[24]
[25]

Page 184

L. POWERS

[1] THE VIDEOGRAPHER: The time is
[2] now 4:18. This marks the ending of Tape
[3] No. 3.
[4] Off the record.
[5] (Time noted: 4:18 p.m.)
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Page 185

Page 187

[1]
[2] **CAPTION**
[3]
[4] The Deposition of LESLIE POWERS, Ph.D., taken
[5] in the matter, on the date, and at the time
[6] and place set out on the title page hereof.
[7]
[8]
[9] It was requested that the deposition be taken
[10] by the reporter and that same be reduced to
[11] typewritten form.
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[1]
[2] **DEPOSITION ERRATA SHEET**
[3] RE:
FILE NO. 08CR828(RMB)
[4] CAPTION: USA v. SIDDIQUI
[5] DEPONENT: LESLIE POWERS, Ph.D.
DEPOSITION DATE: JUNE 26, 2009
[6]
To the Reporter:
[7] I have read the entire transcript of my
Deposition taken in the captioned matter or
[8] the same has been read to me. I request for
the following changes to be entered upon the
[9] record for the reasons indicated.
I have signed my name to the Errata Sheet and
[10] the appropriate Certificate and authorize you
to attach both to the original transcript.
[11]
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Page 186

[25] SIGNATURE: _____ DATE: _____
LESLIE POWERS, Ph.D.

Page 188

[1]
[2] **CERTIFICATE**
[3]
[4] STATE OF :
[5] COUNTY/CITY OF :
[6]
[7] Before me, this day, personally appeared
[8] LESLIE POWERS, Ph.D., who, being duly sworn,
[9] states that the foregoing transcript of her
[10] Deposition, taken in the matter, on the date,
[11] and at the time and place set out on the title
[12] page hereof, constitutes a true and accurate
[13] transcript of said deposition.
[14]
[15]
[16]
[17] **LESLIE POWERS, Ph.D.**
[18]
[19] SUBSCRIBED and SWORN to before me this _____
[20] day of _____, 2009, in the jurisdiction
[21] aforesaid.
[22]
[23]
[24]
[25] My Commission Expires _____ Notary Public

[1]
[2] **INDEX**
[3] WITNESS PAGE
[4] Leslie Powers 6
[5]
[6]
[7] **REQUEST FOR INFORMATION**
[8] PAGE LINE
14 13
[9]
[10]
[11]
[12]
[13]
[14]
[15]
[16]
[17]
[18]
[19]
[20]
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[1]
[2] CERTIFICATE
[3] STATE OF NEW YORK)
[4])ss.:
[5] COUNTY OF NEW YORK)
[6] I, LINDA A. MARINO, a Registered
[7] Professional Reporter, Certified Court
[8] Reporter, and Notary Public within and
[9] for the State of New York do hereby
[10] certify:
[11] I reported the proceedings in the
[12] within-entitled matter to the best of my
[13] ability, and that the within transcript
[14] is a true record of such proceedings.
[15] I further certify that I am not
[16] related, by blood or marriage, to any of
[17] the parties in this matter and that I am
[18] in no way interested in the outcome of
[19] this matter.
[20] IN WITNESS WHEREOF, I have
[21] hereunto set my hand this _____ day
[22] of _____ 2009.
[23]
[24]
[25] LINDA A. MARINO, RPR, CCR